Application for Employment
Jessup Borough
395 Lane Street
Jessup, PA 18434
An Equal Opportunity Employer

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age religion, disability, marital status, sexual orientation, or any other classification protected by law.

Employees of this organization are selected to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected official. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Human Resources Manager.

Position You Are Applying For _____ Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Social Security Number: _____

Are you a U.S. Citizen? [ ] Yes [ ] No

Were you referred? [ ] Yes [ ] No Who? _____

Are you at least 18 years old? [ ] Yes [ ] No

Have you applied here in the past? [ ] Yes [ ] No

Have you ever been employed by this organization?

[ ] No [ ] Yes When? _____ Department _____

Have you ever been convicted of a felony? [ ] Yes [ ] No
A conviction will not necessarily disqualify an applicant form employment.

If hired, can you submit verification of your legal right to work in the United States? [ ] Yes [ ] No

If you've served in the U.S. Military, please provide the following information.

Dates to and from _____ Branch of Service _____ Type of Discharge _____

If selected for employment are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT

Employer: ______________________ Dates Employed: __________

Work Phone: ______________ Pay Rate: $ __________ to __________

Address: ______________________

City: ______________________ State: __________ Zip: __________

Position: ______________________

Duties Performed: ______________________

Supervisors Name and Title: ______________________

Reason for leaving: ______________________

May we contact them? [ ] Yes [ ] No

Employer: ______________________ Dates Employed: __________

Work Phone: ______________ Pay Rate: $ __________ to __________

Address: ______________________

City: ______________________ State: __________ Zip: __________

Position: ______________________

Duties Performed: ______________________

Supervisors Name and Title: ______________________

Reason for leaving: ______________________

May we contact them? [ ] Yes [ ] No

Employer: ______________________ Dates Employed: __________

Work Phone: ______________ Pay Rate: $ __________ to __________

Address: ______________________

City: ______________________ State: __________ Zip: __________

Position: ______________________

Duties Performed: ______________________

Supervisors Name and Title: ______________________

Reason for leaving: ______________________

May we contact them? [ ] Yes [ ] No

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

[ ] I certify that all answers given herein are true and complete to the best of my knowledge.

[ ] I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

[ ] In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school, and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports, prepared about your background for us by a consumer reporting agency that compiled the report.

CA and MN only, initial here if you wish to receive a copy of the consumer report directly from the consumer reporting agency that compiled the report. __________

I hereby authorize the employer, its representatives, employees, or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorization forms, I release the employer, its agents, and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

Signature of Applicant Date