



Application of Employment Borough of Monaca

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone #() _____ Mobile/Other #() _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? ----- Yes No

If **no**, please explain: _____

Have you ever been employed here before? If **yes**, give dates and positions: _____ Yes No

Are you legally eligible for employment in this country? ----- Yes No

Date available for work ____/____/____ What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be needed in the job for which you are applying: _____ State _____

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? ----- Yes No

If yes, please provide date(s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer: _____	Telephone #() _____	Dates Employed: _____
Street Address: _____	City: _____ State: _____	Month Year Month Year / to /
Starting job title/final job title: _____		Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Immediate supervisor and title (for most recent position held) _____	May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____ per _____
Why did you leave? _____		Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Summarize the type of work performed and job responsibilities. _____		Commission/Bonus/Other Compensation \$ _____ per _____
Employer: _____	Telephone #() _____	Dates Employed: _____
Street Address: _____	City: _____ State: _____	Month Year Month Year / to /
Starting job title/final job title: _____		Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Immediate supervisor and title (for most recent position held) _____	May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____ per _____
Why did you leave? _____		Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Summarize the type of work performed and job responsibilities. _____		Commission/Bonus/Other Compensation \$ _____ per _____
Employer: _____	Telephone #() _____	Dates Employed: _____
Street Address: _____	City: _____ State: _____	Month Year Month Year / to /
Starting job title/final job title: _____		Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Immediate supervisor and title (for most recent position held) _____	May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$ _____ per _____
Why did you leave? _____		Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
Summarize the type of work performed and job responsibilities. _____		Commission/Bonus/Other Compensation \$ _____ per _____

Skills and Qualifications

Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software dates and years of experience.)

Word Processing _____ Years: _____ E-Mail _____ Years: _____
 Spreadsheet _____ Years: _____ Internet _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (City, State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to you	Telephone	Number of years known
			()	
			()	
			()	

Agreement and Understanding

I certify that the information in this application is true, complete and correct to the best of my knowledge and understand that falsification, misleading, misrepresentation, or omission of any information submitted in connection with my application or interview, whether in this document or not, may result in rejection of my application or, if hired, in dismissal.

I understand that any employment offer is conditional upon the results of a drug screening test and post offer pre-employment medical examination and background check.

I understand that no representative of the Borough of Monaca has the authority to enter into any agreement for employment for any specified period of time, nor am I obligated to work for the Borough for any specified period of time.

I have read the job description. If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Borough Manager in writing within 182 days after the need is known or reasonably should have been known to me. Failure to properly notify the Borough will preclude any claim that the employer failed to accommodate the handicap.

I waive written notice from my current employer, and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimands, or other notices of disciplinary action contained in my personnel records (even if more than four years old). This waiver is made pursuant to the Bullard-Plawecki Employee Right-to-Know Act.

I authorize the references and current and former employers listed in this application to give you any and all information concerning my current and previous employment and any pertinent information they may have (even if more than four years old) and release all parties from any liability for any damages that may result from furnishing same to you.

I authorize the Borough of Monaca to release any information (even if more than four years old) relating in any way to my employment including disciplinary reports, letters of reprimand or other notices of disciplinary action when such information is requested by any prospective or subsequent employers without any obligation (by them or you) to give me any notice of such disclosure.

I agree that any lawsuit against the Borough arising out of my employment or termination of employment, including but not limited to, claims arising under the State or Federal Civil Rights statutes, must be filed within one year of the event giving rise to the claims or be forever barred. I waive any limitations period to the contrary. I have read, understand and agree to the terms of each of the eight-individual statement contained in this statement.

Signature of Applicant _____ Date ____/____/____