

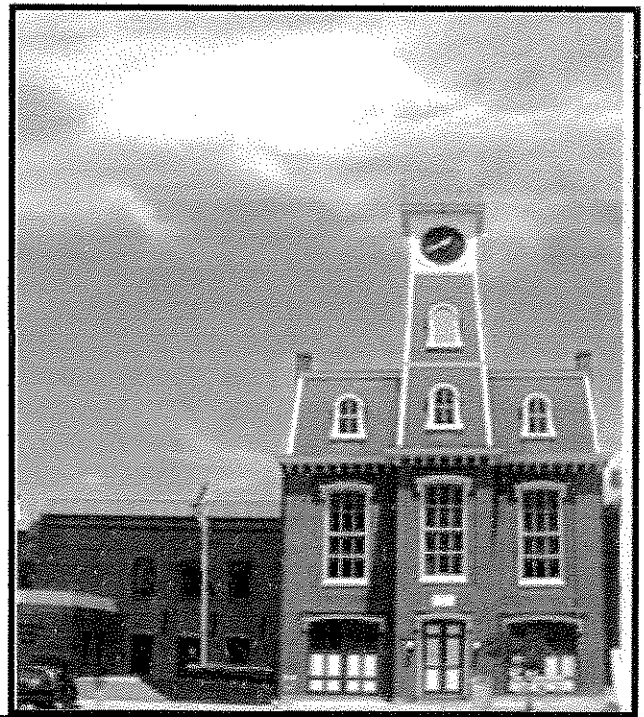
APPLICATION FOR EMPLOYMENT

Borough of Waynesboro

Mailing Address: P.O. Box 310,
Waynesboro, PA 17268

Physical Location: 55-57 E. Main Street,
Waynesboro, PA 17268

AN EQUAL OPPORTUNITY EMPLOYER



THIS APPLICATION MUST BE COMPLETED IN FULL.

(Resumes are accepted but cannot be used as a substitute for any section of this application.)

All applications will be actively considered for one (1) year and remain property of the Borough of Waynesboro for two (2) years from the date contained herein.

POSITION APPLIED FOR: _____

NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____
NUMBER AND STREET

CITY STATE ZIP

TELEPHONE NUMBER ALTERNATE TELEPHONE NUMBER

EMAIL ADDRESS

OTHER NAMES YOU HAVE WORKED UNDER: _____

ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY THE BOROUGH? YES NO
IF SO, GIVE TITLE, DEPARTMENT AND DATES: (Do not include School District employment)

CAN YOU BE LAWFULLY EMPLOYED? YES NO
(You will be required to provide, within 72 hours of hire, Employment Eligibility Verification Documents per Immigration Requirements.)

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO
(If yes, you must explain on a separate sheet of paper and attach it to this application. A conviction record will not necessarily be a bar to employment.)

Applicant Certification (Please read and sign below.)

I certify that all information provided in this application and any attachments is true to the best of my knowledge. I understand any false statements, misrepresentations and material omission made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize the Borough of Waynesboro, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting act; to obtain driving records; to obtain any records pertaining to prior felony or misdemeanor convictions or pending felony or misdemeanor charges. I authorize that such contact or investigation may occur at any time before or during employment. I understand that I may be required to sign separate consent forms for this purpose. I release the Borough from any and all liability for any damage that may result from utilizing such information.

I understand that if the Borough of Waynesboro employs me, I will be considered an "at will" employee and that termination can occur with or without notice. I also understand that as an employee of the Borough of Waynesboro, I will be required to abide by all rules, regulations, policies and procedures of the Borough as well as applicable state and federal laws.

Applicant Signature: _____ Date: _____

If not signed, application will be rejected.

EDUCATION AND TRAINING

_____ HIGH SCHOOL DIPLOMA _____ GED Still Attending High School At _____

VOCATIONAL TRAINING SCHOOL NAME:

Name & Location of School	Diploma/Degree or Certification	Major or course title

COLLEGE 1 YR 2 YRS 3 YRS 4 YRS 4+ YRS

COLLEGE OR UNIVERSITY NAME: _____

MAJOR _____

DIPLOMA OR DEGREE _____

GRADUATE SCHOOL NAME: _____

MAJOR _____

DIPLOMA OR DEGREE _____

List any Certifications or Licenses you hold pertinent to the position for which you are applying.

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

Complete the following only if the minimum requirements of the job description include possessing or obtaining a valid driver's license:

DO YOU HAVE A VALID DRIVERS LICENSE: NO YES # _____ State _____

DO YOU HAVE A COMMERCIAL DRIVERS LICENSE: NO YES Class _____ Endorsements _____

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS

Typing speed: ___ WPM 10 Key by touch YES NO Cash Handling Experience YES NO

MOUS Certified YES NO Which applications? _____

Rate your proficiency with the following applications:

List other computer software / programs:

Word	None	Beginning	Intermediate	Advanced
Excel	None	Beginning	Intermediate	Advanced
Access	None	Beginning	Intermediate	Advanced
Desktop Publishing	None	Beginning	Intermediate	Advanced

LIST OTHER TYPES OF OFFICE EQUIPMENT YOU CAN OPERATE

DESCRIBE YOUR SHOP EQUIPMENT OPERATION SKILLS (Pertaining to the position for which you are applying)

HEAVY/LIGHT EQUIPMENT TYPES: _____

POWER TOOLS: _____

HAND TOOLS: _____

Can you work under adverse weather conditions? YES NO

PLEASE LIST THREE PROFESSIONAL REFERENCES

Name	Job Title	Company	Address	Phone

EMPLOYMENT HISTORY:

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the sections below the duties performed, which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The Borough will conduct background checks to verify information on applications.

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURS PER WEEK: _____
SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER: YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___
HOURS PER WEEK: _____
SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

Did you supervise in this position: YES NO

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

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NAME AND ADDRESS OF EMPLOYER:

DATES FROM / / TO / /
HOURS PER WEEK: _____
SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? YES NO

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REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

ADDITIONAL SHEETS MAY BE SUBMITTED

MILITARY SERVICE RECORD: _____
