

Everson Borough

232 Brown St, PO Box 4, Everson, Pennsylvania, 15631
(724) 220-2405

Employment / Job Application

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMER (SSN): _____ - _____ - _____

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____ CLASS: _____

CDL LICENSE: _____ YES _____ NO

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOURLY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME _____ SEASONAL

ARE YOU AVAILABLE TO & WILLING TO WORK:

MORNINGS _____ AFTERNOON _____ EVENINGS _____ WEEKENDS _____

EMPLOYMENT ELIGIBILITY

ARE YOU A U.S. CITIZEN: _____ YES _____ NO*

*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? _____ YES _____ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER: _____ YES* _____ NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES* _____ NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY/STATE: _____

FROM: _____ TO: _____

GRADUATED: _____ YES _____ NO

DIPLOMA: _____

COLLEGE: _____ CITY/STATE: _____

FROM: _____ TO: _____

GRADUATED: _____ YES _____ NO

DEGREE: _____

OTHER: _____ CITY/STATE: _____

FROM: _____ TO: _____

EMPLOYMENT HISTORY

EMPLOYER #1: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOURLY

ENDING PAY: \$ _____ HOURLY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOURLY

ENDING PAY: \$ _____ HOURLY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #3: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STARTING PAY: \$ _____ HOURLY

ENDING PAY: \$ _____ HOURLY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1 _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

REFERENCE #2 _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

HAVE YOU EVER PERFORMED THE FOLLOWING DUTIES?

	No	Yes	Where
1. Driven 10,000 CVW Dump Truck	___	___	_____
2. Driven Pick-Up Truck	___	___	_____
3. Operated a Tractor	___	___	_____
4. Operated Sewer Rodding Machine	___	___	_____
5. Operated a Mini-Excavator	___	___	_____
6. Operated a Skid Steerer	___	___	_____
7. Leaf Vacuum Picker	___	___	_____
8. Operated a Snow Plow	___	___	_____
9. Operated a Tamper	___	___	_____
10. Operated Air Tools	___	___	_____
11. Used a Chain Saw	___	___	_____
12. Operated Welding Machine	___	___	_____
13. Operated Acetylene Torches	___	___	_____
14. Any Fabricating Work	___	___	_____
15. Laid Asphalt	___	___	_____
16. Built or Rebuilt Sewer Drops	___	___	_____
17. Any Pipe or Ditch Work	___	___	_____
18. Done Body Work	___	___	_____
19. Carpentry Work	___	___	_____
20. Masonry Work	___	___	_____
21. Vehicle Mechanical Work	___	___	_____
22. Electrical Work	___	___	_____
23. Worked for a Municipality Street Department	___	___	_____

ANY ADDITIONAL INFO THAT YOU FEEL MAKES YOU QUALIFIED FOR THIS JOB:

BACKGROUND CHECK CONSENT

DO YOU GIVE CONSENT TO EVERSON BOROUGH TO COMPLETE A BACKGROUND CHECK?
_____YES _____NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or the application being fully completed on order got it to be considered.

I, the applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment , I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE:_____DATE:_____

PRINT NAME:_____

**Consent to Perform Criminal & Credit History / Background Checks
In Compliance with the FCRA (Fair Credit Reporting Act)**

Last Name: _____ First Name: _____ Middle Name/Initial: _____

Maiden or other name(s) used in any and all other records of birth or records of residence.

*Address: _____ Apartment or #: _____

City: _____ County: _____ State: _____ Zip: _____

**Date of Birth: _____ Social Security Number: _____ **Gender: _____ **Race: _____

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL & CREDIT HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

I, _____, am an applicant for employment / volunteerism with Mount Pleasant Borough and have been advised that as a part of the application process, the borough conducts a criminal and credit history background check. I do hereby consent to the borough use of any information provided during the application process in performing the criminal and credit history check. The borough has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the borough. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. ___Yes___No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ___/___/___

Details of Conviction:

2. ___Yes___No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ___/___/___

Details of Conviction:

3. ___Yes___No Have you ever received probation or community supervision for any federal, state or municipal offense?

State: _____ County: _____ Date of Offense: ___/___/___

Details of Conviction:

Applicant Signature

Date