Municipality of Penn Hills

102 Duff Road • Pittsburgh, PA 15235
PHONE: 412.342.1086 • FAX: 412.342.0029

APPLICATION FOR EMPLOYMENT

POSITION DESIRED: _____ DATE: _____

NAME: _____ / _____ / _____
(Last) *(First)* *(M.I)*

ADDRESS: _____
(Number / Street / Apt. / City / State / Zip Code)

PHONE (H): _____ - _____ - _____ (W): _____ - _____ - _____ EMAIL: _____

If your application is considered favorably, on what date will you be available for employment? _____

Would you accept: Temporary Employment - ❑ Yes ❑ No Part-time Employment - ❑ Yes ❑ No

Were you ever previously employed by the Municipality? ❑ Yes ❑ No If yes, when and in what capacity? _____

Were you ever convicted of a felony or misdemeanor? ❑ Yes ❑ No
If yes, please attach a separate sheet explaining details, dates, etc.

The Immigration and Control Act of 1986 requires all persons hired for employment to submit documents which establish their identity and work authorization. Are you legally eligible to work in the U.S.? _____

EDUCATIONAL BACKGROUND:

TYPE	NAME AND LOCATION	COURSES TAKEN	GRADUATED ❑ Yes ❑ No
High School			
College or University			
Business, Trade or Technical			
Other			

Driver's License number and state: _____

List any additional training, skills or equipment you are skilled in operating, relating to the position for which you are applying. (This may include computer skills, typing speed, CDL license, or any other skills.)

_____

_____

_____

_____

EMPLOYMENT RECORD:

Begin with your most recent job. List all jobs and periods of unemployment in the last ten years. Also list jobs beyond ten years if the experience helps to qualify you for the position. Include paid or unpaid, full or part-time, military, summer jobs, etc. Please attach an extra sheet if necessary. **This section must be fully completed. A resume may be attached, but may not be substituted for completion of this section.**

May we contact your present employer? _____

Company Name:		**Dates Employed**	**Tite:**
Address:		*FROM* **Mo.:** **Year:**	**Description of Duties:**
Type of Business:			
Phone:		*TO* **Mo.:** **Year:**	**Salary:**
Supervisor's Name:			**Reason for Leaving:**

Company Name:		**Dates Employed**	**Tite:**
Address:		*FROM* **Mo.:** **Year:**	**Description of Duties:**
Type of Business:			
Phone:		*TO* **Mo.:** **Year:**	**Salary:**
Supervisor's Name:			**Reason for Leaving:**

Company Name:		**Dates Employed**	**Tite:**
Address:		*FROM* **Mo.:** **Year:**	**Description of Duties:**
Type of Business:			
Phone:		*TO* **Mo.:** **Year:**	**Salary:**
Supervisor's Name:			**Reason for Leaving:**

Company Name:		**Dates Employed**	**Tite:**
Address:		*FROM* **Mo.:** **Year:**	**Description of Duties:**
Type of Business:			
Phone:		*TO* **Mo.:** **Year:**	**Salary:**
Supervisor's Name:			**Reason for Leaving:**

3 PERSONAL REFERENCES *(Not former employers or relatives)*

NAME	COMPANY AND TITLE	TELEPHONE NUMBER
1.		
2.		
3.		

I declare that the facts set forth in this application are true and complete. I understand that false or misleading statements made by me on this application and any attachments shall cause me to be ineligible for employment or considered sufficient cause for dismissal. I also understand that a post-offer, pre-employment physical examination is required, which may include a drug screening urinalysis, and employment is conditional upon successfully passing the examination. All medical information will be classified as confidential.

I authorize the Municipality of Penn Hills to verify the accuracy of the information on this application and any attachments. I further authorize the Municipality of Penn Hills to obtain information regarding my work history from previous employers, references, education and training, and criminal history, including driving record.

_____ _____

(Signature of Applicant) *(Date)*

The Municipality of Penn Hills
is an Equal Opportunity Employer

MUNICIPALITY OF PENN HILLS

APPLICANT DATA SHEET

(Completion of this form is voluntary.)

INSTRUCTIONS:

The Municipality of Penn Hills is an equal opportunity employer committed to the policies and principles of affirmative action. To help us comply with federal equal opportunity record-keeping requirements, please answer the questions on this survey. This information will assist us in assuring that our recruitment efforts are reaching all areas in the community and that all protected classes are represented in our applicant pool. This data will be used in periodic government reporting and will be kept in a confidential file separate from the Application for Employment. Failure to submit this data will not in any way effect your present or future employment.

1. Ethnic Background *(Please check only one)*:

   - ❑ White (Not Hispanic origin - includes Indo-European, Pakistani and East Indian)
   - ❑ Hispanic (Includes Mexican, Puerto Rican, Cuban, Central or South American Spanish)
   - ❑ Black (Includes African, Jamaican, Trinidadian and West Indian)
   - ❑ Asian/Pacific Islander (Includes Far East, South East Asia, Indian Sub-Continent or Pacific Islands)
   - ❑ American Indian/ Alaskan Native (Includes persons who identify themselves or are known as such by virtue of tribal association or are Aleuts or Eskimos)
   - ❑ Other

2. Gender: ❑ Male ❑ Female

3. Date of Birth: Month: _____ Da:y _____ Year: _____

4. Do you currently have a disability that is covered under the Americans with Disabilities Act (ADA)? ❑ Yes ❑ No

5. How did you hear about this job? *(Please check all that apply)*

   - ❑ Current Employee
   - ❑ State Employment Agency
   - ❑ Minority Organization
   - ❑ Professional Publication
   - ❑ Job Announcement
   - ❑ Newspaper _____
   - ❑ Internet Recruitment Site
   - ❑ Municipal Web Site
   - ❑ Other _____

_____ _____

(Name) *(Date of Application)*

_____

(Title or Position for Which You Are Applying)

Applicants are considered for all positions without regard to race, color, religion, gender, national origin, age or disability.

MUNICIPALITY OF PENN HILLS

ADDENDUM TO APPLICATION FOR EMPLOYMENT

POLICE OFFICER AND EMS APPLICANTS

Name: _____ Social Security Number: _____ - _____ - _____

POLICE OFFICER AND EMS APPLICANTS MUST:

1. Attach a photocopy of their birth certificate and high school diploma (or GED) to application.
2. EMS Applicants must attach a copy of their Pennsylvania State Certification (EMT, AEMT, or Paramedic).
3. In addition to signing the employment application form, all police officer and EMS applicants must read the following statement and sign below in the presence of a NOTARY PUBLIC.

I certify that the statements made by me in this application contain no falsifications, omissions or concealment of a material fact. I am aware that should investigation disclose any willful misstatement, falsification or concealment, my application will be rejected, my name removed from the eligible list, and if already appointed, I may be dismissed from the service.

Signature of Applicant: _____
(Sign name in ink in the presence of the Notary Public)

Sworn to and subscribed before me on this _____ day of _____ 20 _____

_____
(Notary Public)

My commission expires _____