

Town of Brockway Employment Application

General Information

Today's Date:	Position Applying For:
Last Name:	First Name: Middle Initial:
Former Name and/or Other Names Used:	Date of Name Change:
Home Telephone Number:	Work Telephone Number:
Current Street Address:	Current City:
State:	Zip Code:
Driver's License Number:	Additional Driver's License Certifications:
State:	
License Expiration Date:	Social Security Number:

Please list the City, State and Zip Code of all other addresses you have lived at in the past 7 years, most recent first.

City:	State:	Zip Code:	How Long?
			Years Months

Previous Employment (May we contact your current employer? Yes No)
 If no, please include a professional reference who may be contacted to verify your current employment.

1. _____
 CURRENT OR MOST RECENT EMPLOYER POSITION HELD REASON FOR LEAVING

_____ _____ _____
 STREET EMPLOYED FROM (DATE TO DATE) FINAL SALARY

_____ _____ _____
 CITY/STATE/ZIP SUPERVISOR TELEPHONE

2. _____
 CURRENT OR MOST RECENT EMPLOYER POSITION HELD REASON FOR LEAVING

 STREET EMPLOYED FROM (DATE TO DATE) FINAL SALARY

 CITY/STATE/ZIP SUPERVISOR TELEPHONE

3. _____
 CURRENT OR MOST RECENT EMPLOYER POSITION HELD REASON FOR LEAVING

 STREET EMPLOYED FROM (DATE TO DATE) FINAL SALARY

 CITY/STATE/ZIP SUPERVISOR TELEPHONE

Professional References (People with whom you have worked are preferable. Please do not list relatives. Do not repeat people listed above)

1.	_____ Name / How you know him/her	_____ Street/City/State/Zip	_____ Telephone
2.	_____ Name / How you know him/her	_____ Street/City/State/Zip	_____ Telephone
3.	_____ Name / How you know him/her	_____ Street/City/State/Zip	_____ Telephone

Education History

Please indicate the highest level or most significant event in your educational history

 NAME OF INSTITUTION CITY STATE / TO /
 ATTENDANCE DATES

 DEGREE MAJOR NAME USED DURING ATTENDANCE

DID YOU GRADUATE? YES NO

 NAME OF INSTITUTION CITY STATE / TO /
 ATTENDANCE DATES

 DEGREE MAJOR NAME USED DURING ATTENDANCE

DID YOU GRADUATE? YES NO

NOTE: Space for additional information is available on the back of this page

Skills Inventory

Skills/Competencies	Experience

Criminal Records NOTE: A conviction will not be an absolute bar to employment, except when such employment is prohibited by law, nature, number, severity, recentness, job relatedness.

Have you ever pled guilty or no contest or been convicted of a felony? YES NO

Offense	Date of Offense	Date of Plea/Conviction	Court	County	State
Final Disposition	Describe Circumstances:				

Authorization/Consent and Release

I hereby certify that the information set forth in this application for employment with the Town of Brockway/Sanitary District No. 1 is true and completed to the best of my knowledge. I understand that any misrepresentations or falsified statements on this application whenever discovered shall be considered sufficient cause for refusal to hire or dismissal after employment. I authorize the Town of Brockway/Sanitary District No. 1 to make any investigation of my prior educational and employment history and to take any action necessary to verify the accuracy of any information I have provided in support of my application.

I FURTHER AUTHORIZE ALL PERSONS, CURRENT AND FORMER EMPLOYERS, SUPERVISORS, COWORKERS, SCHOOLS, COMPANIES, CORPORATIONS, ORGANIZATIONS, ENTITIES, CREDIT BUREAUS, COURTS AND ANY GOVERNMENTAL, LAW ENFORCEMENT, CRIMINAL JUSTICE, LICENSING AND RECORD KEEPING AGENCIES, AND ANY OTHER SOURCE OF INFORMATION TO PROVIDE ALL INFORMATION REQUESTED WITH RESPECT TO MY BACKGROUND, INCLUDING WITHOUT LIMITATION, ANY CRIMINAL RECORDS.

I certify that I have read and understand this entire document and I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Social Security Number