

BOROUGH OF ORWIGSBURG

"LEADING THE WAY"

333 SOUTH LIBERTY STREET
ORWIGSBURG, PA 17961
570.366.3103
FAX 570.366.3106
www.orwigsburg.gov

Date Received (Borough Use Only) _____

Personal Information

Last Name:	First Name:	Middle Name:	Today's Date:
Street Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:	
Are you a United States Citizen or legally eligible to work in the U.S.?		Y: _____	N: _____
If hired, you will be required to provide documentation that you are eligible to work in the U.S.			
Are you 18 or over?		Y: _____	N: _____
Have you been previously interviewed by the Borough of Orwigsburg?		Y: _____	N: _____
If yes, please list date(s) and job title(s) below:			
Do you have any relatives currently working for the Borough of Orwigsburg?		Y: _____	N: _____
If yes, please list name(s) and relationship to you:			
Are you employed now?		Y: _____	N: _____
If yes, may we contact your present employer?		Y: _____	N: _____
Title of Position Applying For:		Date Available to Work:	

Education

If additional space is needed, please continue on a separate sheet of paper.

	Name & Address of School	Major/Course of Study	# Years Complete	Degree/Diploma:
High School				Y: _____ N: _____
Undergraduate College				Y: _____ N: _____
Graduate College				Y: _____ N: _____
Other Technical/ Cert Programs				Y: _____ N: _____

Employment History

Please provide the following information for your previous three employers, beginning with the most recent:
If additional space is needed, please continue on a separate sheet of paper (do not use "see attached resume").

Employer Name:	Job Title:		
Street Address:	City:	State:	Zip Code:
Job Title:			
Dates Employed	From:	To:	
Hourly/Weekly Pay	Start:	Finish:	
Job Duties:			
Reason for Leaving:			

Employer Name:	Job Title:		
Street Address:	City:	State:	Zip Code:
Job Title:			
Dates Employed	From:	To:	
Hourly/Weekly Pay	Start:	Finish:	
Job Duties:			
Reason for Leaving:			

Employer Name:	Job Title:		
Street Address:	City:	State:	Zip Code:
Job Title:			
Dates Employed	From:	To:	
Hourly/Weekly Pay	Start:	Finish:	
Job Duties:			
Reason for Leaving:			

Describe your qualifications for the type of employment that you are seeking (please include skills, special training, etc.):

Please list any special awards, honors, scholarships, or offices held:

References - Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name:	Phone Number:	Address:	Relationship:	Years Known:

If applying for Public Works Position, please indicate whether you hold the following valid driver's licenses:

Class A: _____ Class B: _____ Class C: _____

Drivers License Number: _____

State Issued: _____

Have you ever had a license suspended or revoked? _____

Election of Veteran's Preference

Do you wish to claim a Veteran's preference?

Y: _____ N: _____

If so, please check the preference you are claiming:

_____ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty)

_____ Disabled Veteran (a Veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing)

_____ Spouse of a deceased Veteran

_____ Spouse of a Disabled Veteran who is unable to use preference due to disability

Note: If you elect to use Veteran's preference, please attach proper documentation establishing your right to claim the preference.

Signature: _____

Date: _____

Conviction of Crime

Have you ever been convicted of a misdemeanor, felony or greater criminal violation?

Y: _____ N: _____

If yes, please state violation, court of jurisdiction, and date of conviction:

The Borough of Orwigsburg is an Equal Opportunity Employer. It is the policy of the Borough of Orwigsburg not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, sexual orientation, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date