



# NEW STANTON

*All Roads Lead Home*

PO Box 375 / 318 Paintersville Road

New Stanton, PA 15672

Phone: 724-925-9700 / Fax: 724-925-2709

Web Site: [www.newstanton.org](http://www.newstanton.org) / e-mail: [borooffice@newstanton.org](mailto:borooffice@newstanton.org)

## **APPLICATION FOR EMPLOYMENT**

The Municipality of NEW STANTON is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, sex, age, non-job related disability or veteran status. All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

*INSTRUCTIONS: This application must be completed in its entirety. Please print in ink. If because of a disability, you need assistance in completing this application form, or if you have questions, please notify the Borough office at 724-925-9700.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail: \_\_\_\_\_

PA Driver's License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date available to start: \_\_\_\_\_

How were you referred?: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with the Borough?: \_\_\_\_\_

### **Educational Data**

Please list the last two schools attended, grade completed and/or degree or diploma received

<u>Number of Years Completed</u>	<u>Degree or Diploma Received and Year</u>	<u>Name and Address of School</u>
_____	_____	_____
		_____
_____	_____	_____
		_____

### **Military Experience**

Were you in the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which branch?: \_\_\_\_\_

Dates of duty from and to: \_\_\_\_\_

Rank at separation and description of duties:

\_\_\_\_\_

\_\_\_\_\_

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### **Employment History**

May we contact your previous employers? \_\_\_\_\_

Please list your present employer and/or your most recent employers

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Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*\*\*\*

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

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**General Information**

Are you legally allowed to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you below the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any accommodations required: \_\_\_\_\_

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Have you ever been convicted of a criminal offense? \_\_\_\_\_ Date: \_\_\_\_\_

Location & Nature of Offense: \_\_\_\_\_

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*(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_