

LAFLIN BOROUGH

Laflin Borough
Municipal Building
47 Laflin Road
Laflin, PA 18702

Application
For
Employment

Date ____/____/____
Work Interest or Position Applied for: _____
Full Time _____ Part Time _____ Temporary ____ (Specify period) _____
Salary Desired _____

Name: _____/_____/_____
(Last) (First) (Middle)

Present Address _____/_____/_____
Street Apt. No. City State Zip Code

Telephone No. _____ Email Address: _____

Previous Address _____/_____/_____
Street City State Zip Code

Have you worked for Laflin Borough before? Yes ___ No ___ If yes, position _____

Dates: From _____ To _____ Rate of Pay _____ Reason for Leaving _____

Please list any relatives employed by Laflin Borough:

Name of Person	Relationship

Name of Person	Relationship

Are you willing to work overtime? Yes ___ No ___ Sundays? Yes ___ No ___ Holidays? Yes ___ No ___

Are there any times when you are unavailable for work? Yes ___ No ___
If yes, please specify _____

Have you previously applied for a position at Laflin Borough? Yes ___ No ___
If yes, please specify _____

Have you ever been convicted or pled guilty or nolo contendere to a criminal offense? Yes ___ No ___
Conviction will not necessarily disqualify an applicant from employment.

Employment Experience - Most Recent First

(NOTE: List employers starting with the most recent/Resume may be attached)

Company Name _____ **Telephone ()** _____
Address _____ **Employed (Month & Year) From** _____ **To** _____
Name of Supervisor _____ **Weekly Pay: Start** _____ **Last** _____
State Job Title and Describe Work _____
Reason for Leaving _____

Company Name _____ **Telephone ()** _____
Address _____ **Employed (Month & Year) From** _____ **To** _____
Name of Supervisor _____ **Weekly Pay: Start** _____ **Last** _____
State Job Title and Describe Work _____
Reason for Leaving _____

Company Name _____ **Telephone ()** _____
Address _____ **Employed (Month & Year) From** _____ **To** _____
Name of Supervisor _____ **Weekly Pay: Start** _____ **Last** _____
State Job Title and Describe Work _____
Reason for Leaving _____

Company Name _____ **Telephone ()** _____
Address _____ **Employed (Month & Year) From** _____ **To** _____
Name of Supervisor _____ **Weekly Pay: Start** _____ **Last** _____
State Job Title and Describe Work _____
Reason for Leaving _____

May we contact your current/previous employer? Yes _____ No _____

EDUCATIONAL BACKGROUND

Schools Attended	Address	Dates Attended From Mo/Yr to Mo/Yr	Did you Graduate?	Major/ Degree
High School				
College Univ.				
College Univ.				
Other				

SPECIAL SKILLS AND QUALIFICATIONS

List certifications obtained related to job (Fire Driver): _____

Comments _____

Summarize special skills and qualifications acquired from employment or other experiences _____

List professional, trade, business or civic activities and offices held for position applying.

DRIVER- EXPERIENCE AND QUALIFICATIONS

* Please complete only if position requires driving skills.

Drivers License: State	License No.	Type	Expiration Date
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A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	Yes ___	No ___
B. Has any license, permit or privilege ever been suspended or revoked?	Yes ___	No ___

If the answer to either A or B is yes, attach statement giving details.

PROFESSIONAL REFERENCES: Give name, address, telephone number & job titles of three references who are not related to you.

- 1) _____
- 2) _____
- 3) _____

DECLARATION

It is understood and agreed that any deliberate misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Laffin Borough's service without recourse if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Laffin Borough reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of Laffin Borough has the authority to make any assurances to the contrary.

I give Laffin Borough the right to investigate all submitted references and to secure additional information about me, if job related. I hereby release from liability Laffin Borough and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Laffin Borough is an equal opportunity employer. Laffin Borough does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from Laffin Borough and still wish to be considered for employment, it will be necessary for me to fill out a "new application".

Signature of Applicant _____ Date ____ / ____ / ____