## Borough of Glassport 12 Monongahela Avenue Glassport, PA 15045 412-672-7400

 $\frac{office@glassportborough.net}{glassportborough.net}$ 

## **Application for Employment**

Name Last	First	Middle		Maiden
C A 11				
Current Address Number	Street	City	State	Zip
Telephone number ()_		-		
Age (if under 18)				
Position applied for				
Are you a U.S. Citizen? Yes				
If no, are you legally eligible to (If No, you will be requestarting employment.)				rior to
Date available to start				
Are you laid off and subject to r	ecall with your currer	nt employer	Yes 1	No
Most positions with the Borough Do you have a valid driver's lice License number Expiration Date Have you had any accidents in t Have you had any moving viola If so, how many?	ense YesState of issue he past three years? Yetions in the past three	No e Yes No	Class o If so, how ma No	any?
Have you ever been convicted o	f a crime? Yes_	No	)	
If yes, please explain				
				<del></del>

Have you ever been in the Military?	Yes No		
Branch Date	e Entered	Date Discharged	i
List two references other than relatives, previ	ous employers, or current	or former Borougl	n employees:
Name			
Position			
Company			
Address			
Telephone ()			
Name			
Position			
Company			
Address			
Telephone ()			
Work Experience – List the past five years sta	arting with your current/m	ost recent employe	er
Name of Employer	Name of Supervisor	Employment Dates	Salary
Address	Name of Supervisor	From:	Start:
City, State, Zip		То:	End:
Phone Number	Job Title / Position held		
Reason for leaving (be specific)	Job Title / Tosition here		
List the jobs you held, duties performed, ski	lls used or learned, advance	cements or promot	ions with this
company			

## Work Experience (cont.)

Name of Employer		Employment	
	Name of Supervisor	Dates	Salary
Address		From:	Start:
City, State, Zip		To:	End:
N N 1			
Phone Number	Job Title / Position held		
Reason for leaving (be specific)			
	1 1 1 1 1	<u> </u>	
List the jobs you held, duties performed, skil	Is used or learned, advanced	ments or promoti	ons with this
company			

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City, State, Zip		To:	End:
DI NI I			
Phone Number	Job Title / Position held		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skil	ls used or learned, advance	ments or promot	ions with this
company			

Signature of Applicant	Da	ate
May we contact your present employer?		No
If yes, please explain:		
Have you ever been dismissed or asked to resign from a position?	Yes	No
qualifications for the specific position for which you are applying, (sp etc.).		