

Borough of Glassport
12 Monongahela Avenue
Glassport, PA 15045
412-672-7400
office@glassportborough.net
glassportborough.net



Application for Employment

Name _____
Last First Middle Maiden

Current Address _____
Number Street City State Zip

Telephone number (____) _____

Date of Birth _____

Position applied for _____

Are you a U.S. Citizen? Yes _____ No _____

If no, are you legally eligible to work in the U.S.? Yes _____ No _____
(If No, you will be required to provide documentation of employment eligibility prior to starting employment.)

Date available to start _____

Are you laid off and subject to recall with your current employer Yes _____ No _____

All positions with the Borough require a valid driver's license:

Do you have a valid driver's license Yes _____ No _____

License number _____ State of issue _____ Class _____

Expiration Date _____

Have you had any accidents in the past three years? Yes _____ No _____ If so, how many? _____

Have you had any moving violations in the past three years? Yes _____ No _____

If so, how many? _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain _____

Have you ever been in the Military? Yes _____ No _____

Branch _____ Date Entered _____ Date Discharged _____

List three (3) references other than relatives, previous employers, or current or former Borough employees:

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

Name _____

Position _____

Company _____

Address _____

Telephone (____) _____

Work Experience – List the past five years starting with your current/most recent employer (Use additional sheet of paper if necessary.)

Name of Employer	Name of Supervisor	Employment Dates	Salary
Address		From:	Start:
City, State, Zip		To:	End:
Phone Number	Job Title / Position held		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions with this company			

Name of Employer	Name of Supervisor	Employment Dates	Salary
Address		From:	Start:
City, State, Zip		To:	End:
Phone Number	Job Title / Position held		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions with this company			

Have you ever been dismissed or asked to resign from a position? Yes _____ No _____

If yes, please explain: _____

May we contact your present employer? Yes _____ No _____

Signature of Applicant _____ Date _____