



BOROUGH OF GREENVILLE EMPLOYMENT APPLICATION

It is the policy of the Borough of Greenville to consider all applications without regard to race, religion, color, sex, age, martial status, national origin, disability, Vietnam era or other veteran status.

Please complete all items and print in ink.

Position Applied for: _____ Date: _____

Date available: _____ Days/Hours preferred: _____

Salary requirements: _____

Referred by: Advertisement Friend Walk in Employment Agency Relative

Other (explain) _____

PERSONAL DATA:

Name _____
(Last) (First) (MI) (Home Telephone)

Address _____
(Street) (Work Telephone)

_____ (City) (State) (Zip) (Cell Telephone)

Are you over the age of 18? yes no

If no, please state your date of birth: _____

Are you eligible for employment in the United States? yes no

Has any time restriction been placed on your eligibility for employment for the United States?

yes no If yes, what restrictions: _____

**** Please note, if hired you are required by law to submit proof of identity and eligibility to work in the U.S.**

Have you ever been employed by the Borough of Greenville? yes no

If yes, give date(s) and position(s): _____

Do you have any friends/relatives employed at the Borough of Greenville? yes no

If yes, give name(s)/relationship(s): _____

Are you capable of performing the essential functions of the job which you are applying with reasonable accommodation?

yes no If no, please describe: _____

Have you ever been convicted of a felony? yes no If yes, please explain in detail: _____

***Note: Disclosure of a criminal record will not necessarily disqualify you from employment, as the nature of the offense, date, and the position for which you are applying will also be considered.

PRE-EMPLOYMENT PHYSICAL/TESTING NOTICE

The Borough of Greenville is committed to maintaining a drug-free workplace. Therefore, all candidates for employment (applicants to whom a contingent offer of employment has been made) are required to complete a medical examination, including testing of drug and alcohol use, by a physician of The Borough of Greenville’s choice. Employment is contingent upon a candidate’s submission to a successful completion of the medical exam.

APPLICANT’S ACKNOWLEDGMENT

I agree to undergo the pre-employment physical and drug/alcohol test. I understand that the results of such a test will be disclosed only to the Borough of Greenville’s Human Resources personnel and other’s with a need to know, or as required by law. I understand that if I refuse to consent to testing, fail to provide a urine sample when requested, provide a false or tampered urine sample, or fail to successfully complete the physical or drug/alcohol test, I will not be hired in accordance with The Borough of Greenville’s policy.

Permission is granted to The Borough of Greenville to conduct an investigation and to solicit information as to my educational and employment history, character and general reputation, and criminal conviction record. I release The Borough of Greenville and all persons and organizations from any liability arising from such statements, their solici-tation or use.

I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave or be terminated at any time, with or without cause. If terminated, I authorize The Borough of Greenville to deduct, to the extent permitted by law, any amount which I may owe to The Borough of Greenville and deduct from this amount which The Borough of Greenville may owe me. I understand that no representative of The Borough of Greenville has any authority to offer or to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that all statements made by me on this application are true and correct to the bet of my knowledge and belief. I understand that any false, inaccurate, or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

I have read, understand, and by my signature consent to these statements.

Signature of Applicant

Date

VOLUNTARY SURVEY

At times, government agencies require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees and/or applicants. This data is for statistical analysis with respect to the success of _____’s Affirmative Action Program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY. INCLUSION OF DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

SEX: Male Female

Ethnic Origin: White Hispanic American Indian/Alaskan Native

Black Asian/Pacific Islander Other

Check any of the following that are applicable:

Vietnam Era Veteran

Disabled Veteran

Disabled Individual

MILITARY SERVICE DATA

Have you ever served in the U.S. Armed Forces? [] Yes [] No If yes, please give dates of services:

From: _____ To: _____

List special skills/abilities acquired: _____

EDUCATION DATA

Name & Address of Schools attended	Dates Attended From To	Did you graduate?	Type of Degree/ Diploma received or expected	Major/Minor Fields of Study
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High School

College/University

Graduate School

Other

List any honors or scholarships received: _____

List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, disability, or other protected status):

REFERENCES

List (with address & phone number) the names of (3) three persons familiar with your character, ability, or education for more than one year. Please do not include friends or relatives.

1. _____

2. _____

3. _____

EMPLOYMENT RECORD

Please list dates of all employment starting with your most recent position. Attach a separate sheet if necessary.

1. Company Name & Address:

Position/Title/Duties:

Supervisor's Name/Title/Phone number:

Dates of employment: From: To: Starting salary: Ending salary:
Reason for leaving:

2. Company Name & Address:

Position/Title/Duties:

Supervisor's Name/Title/Phone number:

Dates of employment: From: To: Starting salary: Ending salary:
Reason for leaving:

3. Company Name & Address:

Position/Title/Duties:

Supervisor's Name/Title/Phone number:

Dates of employment: From: To: Starting salary: Ending salary:
Reason for leaving:
