

APPLICATION FOR EMPLOYMENT

TOWN OF McCANDLESS

Department of Public Works
9957 Grubbs Road
Wexford, PA 15090
(412) 364-0616 Ext. 184

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATION

Social Security Number _____ - _____ - _____ Application Date ____/____/____

Last Name	First Name	Middle Initial	Telephone No.

Present Address	No. and Street	City	State	Zip Code

Permanent Address	No. and Street	City	State	Zip Code

If you are not a citizen of the United States, please indicate your authorization to be employed.	Military Service Status	Draft Classification Status

EMPLOYMENT DESIRED Check here if you are applying for SUMMER EMPLOYMENT ONLY.

Date you can start:	Salary Expected:
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	

Position (s) applied for	Are you currently employed?	If so, may we contact your present employer?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have applied to this company before, please indicate where and when.	If you have relatives employed by this company, please give names.

If you have ever worked for this company before, please indicate when and position held.

Do you have special skills, experience or qualifications related to the position (s) applied for?	Do you have any physical limitations which would hinder your performance in the position applied for? ____ Yes ____ No

SPECIAL QUESTIONS

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

- Citizen of U.S. ____ Yes ____ No
- Current Pennsylvania **Commercial** Driver's License [CDL - Minimum Class B] ____ Yes ____ No
- Do you live within twenty (20) minutes of the Department of Public Works? ____ Yes ____ No
- Have you ever been convicted of a felony or misdemeanor offense? ____ Yes ____ No

If yes, please explain _____

PREVIOUS EMPLOYMENT

Please list most recent employment first.

Please explain any gap in employment history below.

Dates	Name and Location	Position	Salary	Reason for Leaving
1				
2				
3				
4				

EDUCATIONAL HISTORY

SCHOOL LEVEL STUDIED/MAJORS	NAME AND LOCATION OF SCHOOL	GRADUATED	SUBJECTS
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High School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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College		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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Trade Business Professional School		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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PERSONAL REFERENCES

 PLEASE LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME AND ADDRESS	TELEPHONE	RELATIONSHIP-YEARS KNOWN
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1. _____

2. _____

3. _____

In case of emergency notify:	Name	Address	City	State	Zip Code	Telephone
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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ Signature: _____

The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. If this state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.