



BOROUGH of BROOKVILLE

**APPLICATION FOR EMPLOYMENT or
VOLUNTEER SERVICE**

Borough of Brookville
Brookville Municipal Authority
18 Western Avenue, Suite A
Brookville, PA 15825

(814) 849-5320 Authority (814) 849-5321 Borough (814) 849-4964 FAX
www.Borough.Brookville.pa.us Email: BrookvilleManager@windstream.net

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION EMPLOYMENT ON ANY BASIS PROTECTED BY LAW INCLUDING RACE, CREED, COLOR, AGE, GENDER, NATIONAL ORIGIN, OR PHYSICAL HANDICAP.

Please print or type all information. Statements regarding education, employment, etc. and all references are subject to investigation and verification. False statements may lead to discipline and/or termination if discovered after employment. A resume may be attached, but should not replace the information requested on this form.

TODAY'S DATE: _____ DATE OF BIRTH: _____
(If under 18)

FULL NAME: _____
LAST FIRST MIDDLE

PERMANENT ADDRESS: _____
(No P.O. Boxes)
HOUSE # STREET APT. #
CITY STATE ZIP

LOCAL ADDRESS _____
(If different from Permanent address)
HOUSE # STREET APT. #
CITY STATE ZIP

PHONE NUMBER(S): _____
HOME NUMBER CELL NUMBER

EMAIL: _____ SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____ Are you legally permitted to work in the United States: YES ___ NO ___

POSITION DESIRED: _____ SALARY DESIRED: _____

FULL-TIME: ___ PART-TIME: ___ SEASONAL: ___ DATE YOU CAN START: _____

Are you employed now? YES ___ NO ___ Are you available on weekends? YES ___ NO ___

Will this be a second job? YES ___ NO ___

Any disabilities that would prevent you from performing the duties of the job? YES ___ NO ___
If YES, please explain on separate paper.

EDUCATION:

	SCHOOL NAME	CITY/STATE/ZIP	YEARS ATTENDED	MAJOR COURSES
HIGH SCHOOL				
COLLEGE				
TECH SCHOOL				
GRAD SCHOOL				
OTHER				

List any additional skills you have:

WORK HISTORY: (List the last four employers, Starting with the present or most recent)

DATE (MONTH & YEAR)		COMPANY INFORMATION	SALARY	POSITION	REASON FOR LEAVING
FROM:	NAME:		\$		
TO:	ADDRESS:		Per		
			Phone #:		
Supervisor:			May we contact?		
FROM:	NAME:		\$		
TO:	ADDRESS:		Per		
			Phone #:		
Supervisor:			May we contact?		
FROM:	NAME:		\$		
TO:	ADDRESS:		Per		
			Phone #:		
Supervisor:			May we contact?		
FROM:	NAME:		\$		
TO:	ADDRESS:		Per		
			Phone #:		
Supervisor:			May we contact?		

MILITARY EXPERIENCE:

Are you a veteran? YES ___ NO ___ If YES: Branch of Service: _____

Dates (month/year) of Military Service (Active & Reserve): _____

Type of Discharge: _____ Rank at Discharge: _____

List Duties Performed:

List Military Awards:

CERTIFICATIONS: NOTE: Please bring proof of certifications to your interview(s).

A.C.E./A.F.A.A./H.F.I. Instructor:		Water Aerobics Instructor:		Other:
Water Safety Instructor (WSI):		Lifeguarding:		
C.P.R. for Professional Rescuer:		Lifeguard Instructor:		
C.P.R.:		First Aid:		
C.D.L.				

REFERENCES: List three (3) persons not related to you and not listed as previous employers. These references should be familiar with your background and character.

NAME:	COMPLETE ADDRESS:	PHONE #
OCCUPATION:		
NAME:	COMPLETE ADDRESS:	PHONE #
OCCUPATION:		
NAME:	COMPLETE ADDRESS:	PHONE #
OCCUPATION:		

Last Name:
First Name:
M.I.:

List any Relatives and/or friends currently employed by Brookville Borough/Municipal Authority:

MISCELLANEOUS:

List any activities or special awards:
List any subjects of special study or research:
List any other special training you may have:

EMERGENCY CONTACT INFORMATION:

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

I authorize investigation of all statements made in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also authorize a criminal background investigation. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice, subject to terms and conditions of any bargaining unit agreements with Brookville Borough/Municipal Authority (if the employee is covered by a bargaining unit).

SIGNED: _____ DATE: _____

I understand that the Borough of Brookville and the Brookville Municipal Authority have a zero tolerance policy regarding substance abuse and have a stringent drug/alcohol policy in place. I understand that all job applicants and/or new employees may be required to comply with drug testing protocols as outlined by law. Such tests may be required without prior notification and may be requested at random with 'cause' for the presence of alcohol and/or drugs in my body. I acknowledge that a confirmed positive test may cause me not to be hired or to be removed from the payroll and subject to discipline up to and including termination, or with a recommendation to attend a drug/alcohol rehabilitation program. I fully understand that if I should refuse to take the test, I will not be hired, or I could be suspended from my job without pay or terminated for insubordination. I also understand that the test results will be held in confidence and handled by authorized management personnel.

I hereby consent () or refuse () to take the drug/alcohol test.

I acknowledge that this document (or any accompanying document executed or delivered pursuant to or in connection with the drug/alcohol policy) is not intended to confer any contractual or other rights or claims in my favor (and that I remain employed at will).

SIGNED: _____ DATE: _____

Last Name:
First Name:
M.I.:

TO BE COMPLETED BY PARENT/GUARDIAN OF MINOR CHILDREN:

I give consent to the investigation and drug/alcohol testing outlined in this employment application of my child.

SIGNED: _____
DATED: _____