

BOROUGH OF WEST MIFFLIN

1020 LEBANON ROAD · WEST MIFFLIN, PA 15122 · (412) 466-8170 · FAX (412) 466-8173 · WESTMIFFLINBOROUGH.COM

APPLICATION FOR EMPLOYMENT (Type or print in black ink)

Date: _____ Social Security Number: _____

Name:

Last

First

Middle

Address:

Street

Apartment #

City

State

Zip

Home Phone

Work Phone

Valid PA Driver's License/CDL

Operator

License No.: _____

CDL/Class

(only for positions requiring driving)

Have you ever been employed anywhere under any other name(s)?

_____ YES

_____ NO

If YES, please list name(s).

Indicate the position for which you are applying:

Do you wish to work _____ Full Time _____ Part Time _____ Temporary
If part time, specify days or hours: _____ Date available for work: _____

Do you have any commitments to another employer that might affect your employment with the Borough of West Mifflin? _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? _____ YES _____ NO

Are you below the age of 18? _____ YES _____ NO

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

If yes, please give offense, date, county, State, and sentence for each conviction:

Note: Criminal convictions are not necessarily a bar for employment. Only those criminal convictions directly related to the applicant's suitability for employment in the position for which he or she applied will be considered.

Does the Borough of West Mifflin employ any relative (by blood or marriage) or cohabitant of yours? _____
If YES, give name, relationship and department where the work: _____

Have you ever been employed by the Borough of West Mifflin prior to this application?
_____ YES _____ NO

If YES, under what name, department, and dates? _____

Employment History

List all employment for the past ten years, beginning with current or most recent position.		
Employer	Dates Employed From To	Job Title
Address		Description of Duties
Supervisor's Name		
Supervisor's Number		Reason for Leaving
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain		
Were you:		
Discharged or asked to resign by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever counseled or warned about excessive absenteeism or tardiness by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain		

Employer	Dates Employed From To	Job Title
Address		Description of Duties
Supervisor's Name		
Supervisor's Number		Reason for Leaving
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain		
Were you:		
Discharged or asked to resign by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever counseled or warned about excessive absenteeism or tardiness by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain		

Employer	Dates Employed From To	Job Title
Address		Description of Duties
Supervisor's Name		
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If no, explain		
Were you:		
Discharged or asked to resign by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever counseled or warned about excessive absenteeism or tardiness by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain		

REFERENCES

List three persons not related to you who have knowledge of your character

1. _____
Name Address (Street, City, State, Zip) Telephone
2. _____
Name Address (Street, City, State, Zip) Telephone
3. _____
Name Address (Street, City, State, Zip) Telephone

REFERRAL SOURCE: (Check One)

- | | | |
|--------------------|---------------------------|-------------------------------|
| _____ Newspaper | _____ College Recruitment | _____ Prof. Org. /Association |
| _____ Job Posting | _____ Job Service | _____ Journal |
| _____ Trade School | _____ High School Recruit | _____ Employee Referral |
| _____ Agency | _____ Walk-In | |

Name of Referral Source: _____

APPLICANT ACKNOWLEDGMENT

You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are employed by the Borough of West Mifflin. Your signature also authorizes the Borough of West Mifflin to request employment and educational information/verification from your existing and previous employers and educational institutions. For all non-union employment, it is on an "at-will" basis, which means that you may resign your position at any time and the Borough of West Mifflin can terminate your employment at any time, with or without cause.

Date

Signature of Applicant

THE BOROUGH OF WEST MIFFLIN IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN OR DISABILITY.