



BOROUGH OF SUGARCREEK

212 Fox Street, Franklin, PA 16323

(814) 432-4717

www.sugarcreekborough.us

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Position Applied for: _____ Desired Salary: _____

Date Available: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

RESIDENCES

List all for the past ten years beginning with your current address. (If you need more space use back.)

Month/Year:	Month/Year:	Address:
From	To	

FAMILY

List in order given showing relationships, parents, guardians, step-parents, foster parents, parents-in-law, brothers, sisters, step-brothers and step-sisters. Include any other with whom you have resided or with whom a close relationship existed or exists.

Relationship	Name	Address If Living	Phone Number
Father:	_____	_____	_____
Mother:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

DRIVERS LICENSE

Give the following information concerning any vehicle operator's license you have held or currently hold.

Type of License	Number	Issuing Authority	Expiration
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a license suspended or revoked?

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Title: _____ Phone: _____

Company: _____ Address: _____

Full Name: _____ Title: _____ Phone: _____

Company: _____ Address: _____

Full Name: _____ Title: _____ Phone: _____

Company: _____ Address: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

PC _____	Adding Machine _____	Microsoft Products:	Other:
Calculator _____	Internet _____	Word _____	_____
Typewriter _____	Multi-Line Phone _____	Excel _____	_____
Fax _____	Copier _____	Powerpoint _____	_____

ORGANIZATIONS

Past & Present Memberships in Organizations (Not Religious)

Name:	Address:	Type:	Office Held:	Membership Date:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

Summarize special job related skills and qualifications acquired from employment or other experience.

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor, felony or greater criminal violation? Yes No

If yes, state violation, court of jurisdiction, date of conviction.

DISCLAIMER AND SIGNATURE

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith. If so chosen, I may be provided with the copy of the Pennsylvania Crimes Code, Title 18; Section 4903 pertaining to "false swearing" and Section 4904 pertaining to "unsworn falsification to authorities" and fully understand said statutes.

Signature of Applicant _____ Date _____

Sugarcreek Borough

*212 Fox Street
Franklin, PA 16323
Telephone: 814-432-4717
Fax: 814-437-1014
www.sugarcreekborough.us*

DATE: _____

Having made application for employment with Sugarcreek Borough and desiring that they be informed of my previous records and character, I hereby authorize an investigation into all records which may be of interest to them. The authorization includes, but is not limited to criminal history, driving records, medical, hospital, school and credit records whether privileged or not. This authorization to furnish information is executed in consideration of Sugarcreek Borough giving my application consideration and shall serve as a release of all liability to all parties furnishing such information to Sugarcreek Borough and the Sugarcreek Borough Police Department.

THIS AUTHORIZATION WILL REMAIN ACTIVE FOR A TWO YEAR PERIOD FROM THE AFOREMENTIONED DATE.

NAME (PRINTED): _____

SIGNATURE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

WITNESS: _____