

QUARRYVILLE BOROUGH
 300 ST. CATHERINE STREET
 QUARRYVILLE PA 17566

Employment Application

An Equal Opportunity Employer
 It is the policy of Quarryville Borough to provide equal opportunity for all applicants for employment without prejudice in regard to race, color, sex, religion, age, veteran status, or disability.

DATE: _____

PERSONAL (PLEASE PRINT. ATTACH RESUME IF AVAILABLE.)

Name	(First)	(Middle)	(Last)	Social Security Number
Present Address	(Street Number)	(City)	(State)	(Zip)
Home Mailing Address	(Street Number)	(City)	(State)	(Zip)
Are you over the age of 18? _____ (If you are not 18, employment will be contingent upon proof of legal age.)				Phone Number Area code ()
Have you ever been convicted of a felony? (A yes answer does not automatically disqualify you from employment.)				Phone Number Area code ()
<input type="checkbox"/> Yes If yes, please explain. <input type="checkbox"/> No				Are you a U.S. Citizen or lawfully permitted to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Subject to I-9 verification.)

EDUCATION (List below all schools attended including Business, Vocational, Night, Military, College, etc.)

Type of School	Name and Address of School	Major Course of Study	Number of Years Attended	Certificate/Diploma/Degree
High School				
College				
Graduate				
Military, Technical or other				
Professional Licenses				

U.S. MILITARY SERVICE

Branch of Service _____	Highest Rank or Rating _____
Date of Service (Mo/Yr)	
From _____ To _____	Military Occupation _____

EMPLOYMENT INTERESTS & QUALIFICATIONS

Please indicate the position for which you are applying:
When would you be available to start work?
What special skills or qualifications do you have which are related to the type of work desired?
List other special skills or additional information you would like us to consider.

EMPLOYMENT HISTORY

(List most recent employer first.
Any volunteer work may be included.
Attach additional sheet if necessary.)

Name of Employer		Title and Duties	
Address			
City, State, Zip Code			
Name and Title of Immediate Supervisor		Starting Salary	Last Salary
Phone No.	Dates Employed	Mo/Yr to Mo/Yr	Reason for Leaving

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Address			
City, State, Zip Code			
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Phone No.	Dates Employed	Mo/Yr to Mo/Yr	Reason for Leaving

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City, State, Zip Code			
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Phone No.	Dates Employed	Mo/Yr to Mo/Yr	Reason for Leaving

BUSINESS REFERENCES

(Do not list relatives)

Name	Occupation	Telephone	Address	Years Known

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I authorize the Borough of Quarryville to investigate my employment history and credentials and obtain any relevant information needed to make an employment decision. I agree to cooperate and assist in any such investigation, and I release the Borough and those supplying information to the Borough from liability with regard to the information supplied. I also understand and agree that the Borough's standard policy does not provide for agreements guaranteeing employment for any specific period of time and my employment is terminable at the will of either the Borough or me.

Signature of Applicant: _____ Date: _____