



# CITY OF SHAMOKIN



INCORPORATED 1864 - CITY STATUS 1949

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked or volunteered for the City of Shamokin?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony or pled no contest?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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: \_\_\_\_\_

### Disclaimer and Signature

*With the submission of this application I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may cause for rejection of the application or dismissal after employment.*

*I authorize investigation of all statements contained in this application and authorize the City of Shamokin to perform a background check as may be necessary in arriving at an employment decision.*

*I understand that all employees of the City of Shamokin are employed at-will, which means that either the City or the employee may terminate the employment relationship at any time, with or without notice for any and no reason. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the City has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party and that the City reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.*

*I understand that the offer of employment is contingent on the results of a pre-employment drug test and background check. Applicants under 18 years of age must have parental consent. Confirmed positive test results will automatically disqualify an applicant from employment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## City of Shamokin

### Authorization for release of record/information –required for background verification

The undersigned applicant does hereby authorize and release any and all records or documentation, both written and oral, or any oral statements as to facts, circumstances or description of character of said applicant. The applicant also authorizes a background investigation into his/her personal; criminal and driving history. This authorization also entails the release from the holder of such documentation or testimony, from any liability associated with the release from the holder of such authorization shall also release any and all responsibility of the City of Shamokin or its agents, in the proper investigation of such matters.

If it is deemed necessary by the City of Shamokin, the applicant shall submit him/herself to the Shamokin Police Department for the purposes of being properly fingerprinted as an applicant. Said fingerprints shall be forwarded to appropriate criminal history repositories for verification or elimination of criminal history information.

Any known falsification of any documents of application for employment, found by appropriate investigation, may result in prosecution of the applicant under Section 4904 of the Pennsylvania Crimes Code-Unknown Falsification to Authorities, punishable by one (1) year imprisonment and/or \$2,500.00 fine.

Social Security# for Applicant \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if not 18 yrs old): \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_