

APPLICATION FOR EMPLOYMENT

CITY OF MEADVILLE, PA

We are an Equal Opportunity Employer

IF YOU ARE A PERSON WITH A DISABILITY AND NEED ASSISTANCE COMPLETING THIS APPLICATION FORM PLEASE CONTACT Joseph A. Christ P.E. – City Manager at 814-724-6000 - jchrist@cityofmeadville.org

(Please Print or Write Answers to all Questions in Your Own Handwriting, Submitted Application must have Original Signature) (Do not leave blank spaces)

CIVIL SERVICE POSITION YES NO

NAME _____ DATE _____
Last Name First Name Middle Initial

ADDRESS _____

TELEPHONE (_____) _____
Area Home Business

Type of Work Desired _____ Lowest Acceptable Salary _____

Will you Accept Temporary Work? Will you Accept Part time Work?
 Yes No Yes No

Are you 21 years of age or older? Yes No

Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization)

Yes No

Have you ever been convicted of a felony?
 Yes No

If yes, 1) nature of crime, 2) date of conviction, and 3) state in which convicted.
(Convictions are not an automatic bar to employment)

EDUCATION

Type	Name/ Location	Course	Degree/ Diploma
High School	_____	_____	_____
College/Business	_____	_____	_____
Technical or Other	_____	_____	_____

EMPLOYMENT RECORD

Company Name & Address	Kind Of Work	Date Started/Left	Rate Of Pay	Reason For Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Is it OK to check with your current employer? Yes No

If required to drive a motor vehicle for the job applying for, do you have a valid motor vehicle operator's license? Yes No CDL _____

Please list any additional information that relates to your ability to perform the job for which you have applied - such as licenses, professional memberships, hobbies, certifications, etc. _____ (Attach EMT; Act 120 Certification, as required)

EMPLOYMENT REFERENCES (Do Not Include Relatives)

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Years Known</u>	<u>Phone #</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

****U.S. MILITARY SERVICE****

Branch of Service _____ Rank _____ From _____ To _____

Type of Discharge _____ (Attach DD-214)

Are you claiming veteran's preference? ___ Yes ___ No

Note: (If claiming veteran's preference a certified copy of the DD-214 must be attached)

Are you currently a member of the U.S. Military Reserve? ___ Yes ___ No

If Yes, what branch?

Where? _____

CERTIFICATION

The City of Meadville is an Equal Opportunity Employer and vows not to discriminate on the basis of race, religion, age, color, sex, creed, national origin, ancestry, or disability when considering applicants for prospective employment.

APPLICANT'S STATEMENT

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentation or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.

I understand that this application is not a contract of employment. I understand that unless I am covered by a collective bargaining agreement or otherwise contractually bound to my employer my employment is terminable at will, either by myself or the City of Meadville, regardless of the length of my employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that if offered employment with the City of Meadville, I will be required to take a medical examination which may include drug testing.

I understand this application will be active for a period of ninety (90) days; after that time, if I wish to be considered for employment, I must update this application in the Personnel Office.

I authorize the company to investigate my work, criminal and personal history and verify all data given on this application, or related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employers if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

X SIGNATURE: _____

The notary section below applies only to Civil Service Positions

Commonwealth of Pennsylvania, County of _____

SS:

Personally appeared _____ the above applicant, who, being duly _____ deposes and says that each of the foregoing statements subscribed by him/her verily believes the same to be true.

_____ and subscribed before me.

this _____ day of _____ A.D., _____.

Signature of Attesting Officer (Seal)

Signature of Applicant
(To be made in the presence of attesting officer)