

CITY OF WILKES-BARRE

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes

☐ No

Have you ever filed an application with us before?

☐ Yes

☐ No

If Yes, give date

Have you ever been employed with us before?

☐ Yes

☐ No

If Yes, give date

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

Are you legally able to work in the United States?

☐ Yes

☐ No

Proof of citizenship or immigration status will be required upon employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

On what date would you be available to work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Elementary School	High School	Undergraduate College/ University	Graduate/ Professional
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School Name
and Location

Years Completed 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4
(please circle)

Diploma/ Degree

Describe Course
of Study

Describe any specialized
training, apprenticeship,
skills and extra-curricular
activities.

Describe any honors
you have received.

State any additional
information you feel may
be helpful to us in
considering your application.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If Yes, please describe _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1. _____
Employer _____ Dates Employed (*from – to*) _____

Work Performed _____

_____ Address _____ Telephone Number(s) _____

_____ Job title _____ Supervisor _____ Starting _____ Final _____
Hourly rate / Salary
Reason for Leaving _____

2. _____
Employer _____ Dates Employed (*from – to*) _____

Work Performed _____

_____ Address _____ Telephone Number(s) _____

_____ Job title _____ Supervisor _____ Starting _____ Final _____
Hourly rate / Salary
Reason for Leaving _____

3. _____
Employer _____ Dates Employed (*from – to*) _____

Work Performed _____

Address _____ Telephone Number(s) _____

Job title _____ Supervisor _____ Starting _____ Final _____
Hourly rate / Salary _____

Reason for
Leaving _____

4. _____
Employer _____ Dates Employed (*from – to*) _____

Work Performed _____

Address _____ Telephone Number(s) _____

Job title _____ Supervisor _____ Starting _____ Final _____
Hourly rate / Salary _____

Reason for
Leaving _____

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date
