



BOROUGH OF MEDIA
CHARTED MARCH 10TH, 1850
301 N. JACKSON STREET
2ND FLOOR
MEDIA, PA 19063
610 566-5210
FAX # 610 566-0335

Application for Employment

Equal Opportunity Employer – The Borough of Media is an Equal Opportunity Employer (EOE) and does not discriminate against any protected category, such as without regards to race, color, religion, sex, national origin, ancestry, age, disability status, veteran’s status or marital status. (6/26/2002)

A. Base Information:

1. Name: _____
 (Last) (First) (Middle)

2. Date: _____ 3. Home Phone No.: _____
 (Month/Day/Year)

4. Cell Phone No.: _____

5. Work Phone No.: _____

May we contact your current employer? Yes ___ No ___

6. Address: _____
 (include Apartment and/or Post Office Box information)

7. Social Security No. ___ - ___ - _____

8. List the positions for which you are applying:

First Choice: _____ Salary Desired: _____

Second Choice: _____ Salary Desired: _____

9. Are you able to work [circle your choice(s)]:

Full-Time Part-Time Full-Time & Part-Time

Temporary Shift Work

If you are applying for Part Time or Shift Work employment, state the days and times you are available to work:

If you are applying for Temporary Work, state the date you can start and the date you will be able to work up to:

10. When would you be available to begin to work? _____
(date)

11. Are you available for weekend work? Yes ___ No ___

12. Are you available to work overtime, if necessary? Yes ___ No ___

13. Are you a veteran? Yes ___ No ___

14. Did you claim status as a veteran? Yes ___ No ___

15. Do you have a PA Commercial Driver's License (CDL)? Yes ___ No ___

16. If yes, please provide the PA CDL number: _____

17. How did you find out about employment prospects with the Borough and who referred you?

B. Preliminary Information:

1. Are you at least 18 years of age? Yes ___ No ___

2. If you are under 18 years of age, can you provide required proof of your eligibility to work?
Yes ___ No ___ Not Applicable ___

3. Have you ever filed an application with the Borough before? Yes ___ No ___
If yes, please give an approximate date: _____.

4. Are you currently employed? Yes ___ No ___

5. May we contact your current employer? Yes ___ No ___

6. Are you legally entitled to work in the United States? Yes ___ No ___

(If hired, you will be required to provide documentation of your legal right to work in the United States).

7. Are you able to perform the essential functions of the position for which you are applying?
Yes ___ No ___

If no, describe the essential functions of the position, which you are unable to perform:

8. Have you ever been convicted of or pled guilty to a felony or misdemeanor?

Yes ___ No ___

If yes, describe in full, including the nature of the crime and when and where convicted:

(Note to Applicant: Please complete attached form for PA State Police Request for Criminal Record Check)

9. On what date would you be able to start work?

10. Can you travel if the position requires it?

Yes ___ No ___

C. Employment Experience

Please start with your present or last position, including any job related military service assignments and volunteer activities.

#1

Employer: _____ Length of Service: _____

Start Date: _____ End Date: _____

Starting Pay: _____ hour/salary Ending Pay: _____ hour/salary

Position/Title: _____

Address: _____

Telephone: _____

E-mail: _____ Website: _____

Work Performed: _____

Name of Supervisor: _____

Reason for Leaving: _____

May we contact? Yes ___ No ___

If not, please explain why:

#2

Employer: _____ Length of Service: _____

Start Date: _____ End Date: _____

Starting Pay: _____ hour/salary Ending Pay: _____ hour/salary

Position/Title: _____

Address: _____

_____ Telephone: _____

E-mail: _____ Website: _____

Work Performed: _____

Name of Supervisor: _____

Reason for Leaving: _____

May we contact? Yes ___ No ___

If not, please explain why:

#3

Employer: _____ Length of Service: _____

Start Date: _____ End Date: _____

Starting Pay: _____ hour/salary Ending Pay: _____ hour/salary

Position/Title: _____

Address: _____

_____ Telephone: _____

E-mail: _____ Website: _____

Work Performed: _____

Name of Supervisor: _____

Reason for Leaving: _____

May we contact? Yes ___ No ___

If not, please explain why:

#4

Employer: _____ Length of Service: _____

Start Date: _____ End Date: _____

Starting Pay: _____ hour/salary Ending Pay: _____ hour/salary

Position/Title: _____

Address: _____ Telephone: _____

E-mail: _____ Website: _____

Work Performed: _____

Name of Supervisor: _____

Reason for Leaving: _____

May we contact? Yes ___ No ___

If not, please explain why:

(Use additional sheets of paper if necessary)

Use the below space to explain any gaps in employment:

(Use additional sheets of paper if necessary)

D. Education

Certain positions require the completion of college courses.

#1 – High School/Trade School

School Name: _____

Location: _____

Start Date: _____ End Date: _____ Years Completed: _____

Diploma Degree: _____ Year of Graduation: _____

Major/Courses of Study: _____

_____ Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

#2 – Undergraduate College/University

School Name: _____

Location: _____

Start Date: _____ End Date: _____ Years Completed: _____

Diploma Degree: _____ Year of Graduation: _____

Major/Courses of Study: _____

_____ Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

#3 – Undergraduate College/University (second)

School Name: _____

Location: _____

Start Date: _____ End Date: _____ Years Completed: _____

Diploma Degree: _____ Year of Graduation: _____

Major/Courses of Study: _____

_____ Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

#4 – Graduate/Professional

School Name: _____

Location: _____

Start Date: _____ End Date: _____ Years Completed: _____

Diploma Degree: _____ Year of Graduation: _____

Major/Courses of Study:

Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

E. Other

1. Describe any specialized training, apprenticeship, skills and extra curricular activities, including any job-related business machines or personal computers:

2. Describe any honors you have received and any publications you authored:

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

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

5. Have you ever been bonded? Yes ___ No ___

If yes, please list the jobs for which you were bonded:

If you have ever been refused a bond, please describe in full:

F. References (Work Related)

Please give us the name, address, telephone number, e-mail address (if available) of three (3) work related references that is not the previous employer and that is with different employers (if possible).

#1

Name: _____ Employer: _____

Position/Title: _____

Address: _____

_____ Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

#2

Name: _____ Employer: _____

Position/Title: _____

Address: _____

_____ Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

#3

Name: _____ Employer: _____

Position/Title: _____

Address: _____

_____ Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

G. Reference (Not Work Related)

Please give us the name, address, telephone number, e-mail address (if available) of one (1) not work related reference.

#1

Name: _____ Employer: _____

Position/Title: _____

Address: _____

Telephone: _____

E-mail: _____ Website: _____

May we contact? Yes ___ No ___

If not, please explain why:

H. Applicant's Statement (including consent to background)

I certify that the answers given herein are true and complete and if I become aware of any change to the information provided in this application, I will relay the new information in writing to the Borough.

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

I am not under any restrictions by virtue of employment agreement with a current or former employer, which would limit my functions or performance.

This application shall be considered active for a period of time as determined by the Borough.

I understand that neither this document nor any offer of employment from the employer constitutes an employment agreement unless a specific document to that effect is executed by the Borough and the employee in writing and still would be subject to limitations by Pennsylvania law.

Applicant's Statement (continued) (including consent to background)

I understand that my employment with the Borough is an employment at-will, and thus I could be terminated for any reason or no reason, other than those specifically protected by law.

I understand that I am required to abide by all rules and regulations of the Borough.

I consent to a background search that includes but is not limited to, criminal history, a Police records check, a Motor Vehicle Operator's check, credit/consumer check, education verification, government agencies, employment, military, work-related reference(s) check & non-work related reference(s) check from any individuals, corporations, partnerships, associations, institutions, schools, government agencies, courts, law enforcement and licensing agencies, consumer reporting agencies, references and any other entities, including my past and present employers. I further release and discharge the Borough and all its agents and representatives from any and all claims and liability arising out of any compliance, or attempted compliance with such request(s). I understand that the Borough has the right to rescind any offer of employment that may have been made, as well as the right to terminate my employment, based on the information received.

In the event I am employed by the Borough, I understand any false or misleading information given in my application or interview(s) may result in discharge.

If the Borough offers me employment, it may be contingent upon my completion of a medical examination to the satisfaction of the Borough. I consent to undergo that medical examination, which will include tests and procedures considered by the Borough helpful in evaluating my suitability for employment, including, without limitation, blood tests, urinalysis, and x-rays.

Because of the delay and expense that may result from the use of federal and state court system(s). The Borough of Media and I agree to submit to confidential and binding arbitration for all controversies concerning consideration of my hiring, and if hired, my compensation, employment, or termination of employment, rather than use such court (including jury) proceedings. In any such arbitration, the applicable American Arbitration Association rules will govern the procedure and the Federal Arbitration Act the substance of such employment-related controversies. The arbitrator selected will be from an eleven person panel of arbitrators, with each to be experienced in employment matters and a member of the National Academy of Arbitrators, and will have authority to award damages – including attorneys' fees and arbitration costs – and other relief consistent with applicable law.

Signature: _____

Date: _____

I. RELEASE AUTHORIZATION

To all Court, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational & other institutions and Agencies without exception:

I, _____ [name] am making application for appointment as a _____ [position(s)] for the Borough of Media. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the Borough of Media, or its representative or agent any and all information, documentation or otherwise pertaining to me, that they may request. I hereby release, discharge and exonerate the Borough of Media and the Borough of Media Police Department, the agents and representatives of both these entities, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the Borough of Media or the Borough of Media Police Department.

A photostatic copy or electric copy of this authorization will be considered as effective and valid as the original.

Signature: _____

Date: _____

Sworn to and Subscribed Before Me This _____ Day of _____, 20__.

SEAL

Notary Public

DO NOT USE BLOCKS BELOW – FOR BOROUGH PERSONNEL ONLY

Interviewed?				
Background Check Done?				
References Checked?				
Other?				
Misc.				