

City of Monessen
557 Donner Avenue
Monessen, PA 15062
(724)684-9000

APPLICATION FOR EMPLOYMENT

(Type or print in black ink)

Date: _____ Social Security Number: _____

Name:

Last

First

Middle

Address:

Street

Apartment #

City

State

Zip

() _____ () _____ Valid PA Driver's License/CDL _____ Operator

Home Phone

Business / Message Phone

License No.: _____

_____ CDL/Class

(only for positions requiring driving)

Have you ever been employed anywhere under
any other name(s)? _____ YES _____ NO

If YES, please list name(s). _____

Indicate the position for which you are applying: _____

Do you wish to work: _____ Full Time _____ Part Time _____ Temporary

If part time, specify days or hours: _____ Date available for work: _____

Do you have any commitments to another employer that might affect your employment with the City of
Monessen? _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? _____ YES _____ NO

Are you below the age of 18? _____ YES _____ NO

Have you ever been convicted of a felony or misdemeanor? _____ YES _____ NO

If yes, please give offense, date, county, state and sentence for each conviction:

Note: *Criminal convictions are not necessarily a bar to employment. Only those criminal convictions directly related to the applicant's suitability for employment in the position for which he or she applied will be considered.*

Does the City of Monessen employ any relative (by blood or marriage) or cohabitant of yours? _____

If YES, give name, relationship and department where they work: _____

Have you ever been employed by the City of Monessen prior to this application?

_____ YES _____ NO

If YES, under what name, department and dates? _____

EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration.

Please circle highest grade completed. Give dates of attendance, credit hours completed, type of degree, and major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or programs you have completed.

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

_____ Name of high school _____ Location

CHECK ONE: _____ High School Diploma _____ GED

Please circle highest degree or college year completed.

College Degree Completed: Associate Bachelor Masters Doctorate

College: Freshman Sophomore Junior Senior

NAME/LOCATION OF COLLEGE	DATES ATTENDED FROM MO/YR TO MO/YR	CREDIT HOURS COMPLETED	HAVE YOU GRADUATED?	TYPE OF DEGREE	LIST MAJOR/MINOR
NAME/LOCATION OF TECHNICAL SCHOOL VOCATIONAL/TRADE SCHOOL	DATES ATTENDED FROM MO/YR TO MO/YR	CLASSROOM/ CREDIT HOURS COMPLETED	HAVE YOU GRADUATED?	CERTIFICATE/ DEGREE	LIST MAJOR/MINOR

Technical skills or other training acquired: _____

List certificates, competency cards, or trade licenses you possess: _____

SKILLS

Typing speed _____ words per minute; Steno speed _____ words per minute

Can you transcribe machine dictation? _____ YES _____ NO

Business machines you can operate? _____

Note: This application was designed for use by applicants for various positions – administrative, clerical, professional and technical. Answer the questions to the best of your ability. All information will be treated confidentially.

REFERENCES

List three persons not related to you who have knowledge of your character:

- | | | | |
|----|------|------------------------------------|-----------|
| 1. | | | |
| | Name | Address (Street, City, State, Zip) | Telephone |
| 2. | | | |
| | Name | Address (Street, City, State, Zip) | Telephone |
| 3. | | | |
| | Name | Address (Street, City, State, Zip) | Telephone |

REFERRAL SOURCE: (Check One)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College Recruitment | <input type="checkbox"/> Prof. Org./Association |
| <input type="checkbox"/> Job Posting | <input type="checkbox"/> Job Service | <input type="checkbox"/> Journal |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> High School Recruit | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Walk-In | |

Name of Referral Source: _____

APPLICANT ACKNOWLEDGEMENT

You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are employed by the City of Monessen. Your signature also authorizes the City of Monessen to request employment and educational information/verification from your existing and previous employers and educational institutions. For all non-union employment, it is on an "at-will" basis, which means that you may resign your position at any time and the City of Monessen can terminate your employment at any time, with or without cause.

DATE

SIGNATURE OF APPLICANT

THE CITY OF MONESSEN IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, AGE, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN OR DISABILITY.

PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. **Dates of employment, salary history, name and phone number of immediate supervisor must be included.** Describe major duties performed and types of machines or equipment operated. A resume may be attached as a supplement; however, you must complete all information requested on the application.

Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment. Omission of employment information may result in disqualification or dismissal. Attach additional sheets as necessary.

DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER? YES NO
If YES, explain _____

1. EMPLOYER _____ DATES OF EMPLOYMENT From _____ To _____
Month/Year Month/Year

ADDRESS _____
Street City State Zip Telephone

JOB TITLE _____

Supervisor _____ Reason for Leaving _____

Description of Duties: _____ SALARY OR EARNINGS
Starting: _____ per _____
Ending: _____ per _____

2. EMPLOYER _____ EMPLOYMENT From _____ To _____
Month/Year Month/Year

ADDRESS _____
Street City State Zip Telephone

JOB TITLE _____

Supervisor _____ Reason for Leaving _____

Description of Duties: _____ SALARY OR EARNINGS
Starting: _____ per _____
Ending: _____ per _____

3. EMPLOYER _____ EMPLOYMENT From _____ To _____
Month/Year Month/Year

ADDRESS _____
Street City State Zip Telephone

JOB TITLE _____

Supervisor _____ Reason for Leaving _____

Description of Duties: _____ SALARY OR EARNINGS
Starting: _____ per _____
Ending: _____ per _____

**CITY OF MONESSEN
WESTMORELAND COUNTY, PENNSYLVANIA**

BACKGROUND INFORMATION RELEASE AUTHORIZATION

I hereby authorize the release to the City of Monessen, or its authorized representative, any and all personnel and/or personnel information about me, which is maintained by your institution/agency/company. This release pertains to records maintained in your files with regard to: employment history; credit history; educational achievement; criminal conviction record; examination and/or treatment for diagnostic, medical, surgical, psychological or psychiatric reasons and any other information which might reflect upon my character or any observations or opinions.

I further request that such records be provided/forwarded to the City of Monessen or its authorized representative, for inclusion in my background investigation to ascertain my qualifications and fitness for employment with the City of Monessen.

I acknowledge by this authorization that I release all parties concerned from any and all obligations or liabilities in the disclosure of the contents of such files and the observations and opinions therein.

I further understand that in consideration for said release, the City of Monessen regards all information so obtained as confidential and shall not make any secondary dissemination of the information obtained to any third party without first obtaining my express written consent.

I certify that a copy of this authorization to obtain said information is as valid as the original signed by me.

I certify that I have read fully and understand the foregoing statements and have signed this document voluntarily without threat or coercion.

Signature of Applicant Date

Witness Signature

Printed Name of Applicant

Street Address of Applicant

City State Zip

Date of Birth Social Security #