BOROUGH OF TRAFFORD

APPLICATION FOR EMPLOYMENT

General Employment

The Borough of Trafford is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This employment application will be valid for one year from the date of application. If you wish to be considered for employment subsequent to that date, a new application must be completed.

PLEASE PRINT ALL INFORMATION

Name: _____ Date: _____
Last First M.I.

Home Address: _____
Number/Street City State Zip Code

Telephone: (____) _____ E-mail Address: _____

Social Security Number: _____ Are you 18 years of age or older? ❑Yes ❑ No

Position Applying For: _____

❑ Technical/Professional ❑ Secretarial/Clerical ❑ Skilled Labor ❑ Labor

Are you legally eligible to work in the United States? ❑ Yes ❑ No (*Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form 1-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.)*

Are you available to work: ❑ Full-time ❑ Part-time ❑ Temporary ❑ Summer ❑ Contract

Date you are available for work: _____

If you are under age 18, can you furnish a work permit? ❑ Yes ❑ No

Have you ever applied or worked for the Borough of Trafford ❑ Yes ❑ No
If yes, please indicate date and job title: _____

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

EDUCATION

High School:	Did you graduate? ❑Y ❑N	Highest grade completed:	Diploma or G.E.D.?
College/University:	From: To:	Major:	Graduate? ❑Y ❑N Degree:
Graduate School:	From: To:	Major:	Graduate? ❑Y ❑N Degree:
Technical School:	From: To:	Area of study:	Graduate? ❑Y ❑N

Do you possess a current CDL? ❑ Y ❑ N If yes, please indicate level of CDL: _____

Do you possess a current PA Driver's license? ❑ Y ❑ N If yes, list operator number and class: _____

List any other special courses, skills, construction equipment, etc. which you possess or can operate:

_____

_____

List any professional licenses or memberships:

Type of License Held: _____

Professional Memberships: _____

REFERENCES

Please list three references who are not relatives or former employers.

Name and Job Title	Address	Relationship to You	Phone/E-mail Address
1.			
2.			
3.			

EMPLOYMENT EXPERIENCE

Please complete the following, starting with your present or most recent employer.

Employer:	Employed From:	To:
Address:	Rate of Pay, Starting:	Ending:
Phone:	Job Title:	
Supervisor:	Duties:	
Reason for Leaving:		

Employer:	Employed From:	To:
Address:	Rate of Pay, Starting:	Ending:
Phone:	Job Title:	
Supervisor:	Duties:	
Reason for Leaving:		

Employer:	Employed From: To:
Address:	Rate of Pay, Starting: Ending:
Phone:	Job Title:
Supervisor:	Duties:
Reason for Leaving:	

*Criminal background checks will be performed for those applicants being considered for a position with the Borough. The discovery of a criminal conviction will not automatically disqualify an applicant from employment. The Borough will consider the nature of the conviction in accordance with the law and how it relates to the requirements and duties of the position applied for.

APPLICANT'S CERTIFICATION AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Borough of Trafford to verify their accuracy and to obtain reference information on my work performance. I hereby release the Borough of Trafford from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or admissions of facts called for on this application shall be considered sufficient for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute terms of an implied contract. I understand that any employment offered is for an indefinite duration and at will and that their either I or the Employer may terminate at any time with or without notice or cause.

Signature of Applicant _____ Date: _____

Criminal Background Records Waiver of Liability, Disclosure, Authorization and Release

As a part of its hiring process, the Borough of Trafford ("Borough") requires that a check of criminal history records be conducted on all individuals seeking employment with the Borough.

In order to be considered for employment with the Borough, I hereby voluntarily submit and give consent to have a criminal records check conducted on myself for the benefit of the Borough. This includes:

- Criminal Background Records/Information
- Sex Offender Registry Information
- Addresses and Social Security Number Verification

I hereby release from liability and promise to indemnify and hold harmless under any and all possible claims or causes of action (i) any and all persons or entities who shall furnish such information to the Borough, its officers, agents, or employees, and (ii) the Borough its officers, agents, or employees, for any statements, acts or omissions in the course of obtaining such information. Furthermore, I understand and agree that I am executing this waiver free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing the relative fitness for employment with the Borough. I understand and direct that this information be used only for the purposes of obtaining a background check as part of my application for employment. No other release of my confidential information may be made without my further consent.

Full Name: _____

Maiden Name or Other Names Used: _____ / _____

Address: _____ City: _____ State: _____

Date of Birth: _____ Social Security Number: _____

_____ _____

Driver's License Number State of Issue

Have you ever been convicted of a crime/ _____ Yes _____ No

What was the nature of the offense? _____

Are there any felony charges pending against you? _____

By my signature below, I hereby acknowledge that the information outlined herein is true and correct and I agree to the terms and conditions outlined herein:

_____ _____

Signature Date