



**CITY OF HAZLETON
40 NORTH CHURCH STREET
HAZLETON, PA 18201**

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION		
Name (First, Middle, Last)	Social Security No.	
Street Address	City, State, and Zip Code	
Home Phone (including area code)	Cell Phone (including area code)	Email (<i>Optional</i>)
Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

JOB TYPE		
What position are you applying for?		
Days/Hours Available to Work		
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
I am seeking a: <input type="checkbox"/> Full-Time Job <input type="checkbox"/> Part-Time Job <input type="checkbox"/> Full or Part-Time Job <input type="checkbox"/> Seasonal Job		
How many hours per week are you available to work?	If required, can you work nights/evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to start:

ADDITIONAL INFORMATION	
Have you ever been employed by the City of Hazleton in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, when and in what capacity?
Are you a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States? (If yes, verification will be required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony, entered a plea of guilty or no contest, or had a withheld judgment to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:

EDUCATION

	Name and Location	Did you graduate?	Degree Received	Major/Subjects Studied
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business/Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialized Training		<input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY BACKGROUND

Have you ever been in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered	Discharge Date	Branch/Specialty

WORK EXPERIENCE

Please list your work experience beginning with the most recent job held. Attach additional sheets, if necessary.

Company	Address	Phone
Job Title	Start Date	End Date
Starting Salary	Ending Salary	Supervisor's Name

List the duties, responsibilities, and skills used or learned while working with this company:

Reason for Leaving

May we contact this employer? Yes No

Company	Address	Phone
Job Title	Start Date	End Date
Starting Salary	Ending Salary	Supervisor's Name

List the duties, responsibilities, and skills used or learned while working with this company:

Reason for Leaving

May we contact this employer? Yes No



Company	Address	Phone
Job Title	Start Date	End Date
Starting Salary	Ending Salary	Supervisor's Name

List the duties, responsibilities, and skills used or learned while working with this company:

Reason for Leaving

OTHER

Please list any other skills or abilities that may contribute to your performance in the position you are applying for:

REFERENCES

Exclude relatives and former employers

Name	Address	Phone	Email <i>(Optional)</i>

I certify that all of the answers and statements made on this application are true, correct, and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company may be terminated.

Date:

Signature: