



APPLICATION FOR EMPLOYMENT or VOLUNTEER SERVICE

Borough of Gettysburg

59 East High Street
Gettysburg, PA 17325

Phone Number: (717) 334-1160

FAX Number: (717) 334-7258

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THE BOROUGH OF GETTYSBURG IS AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION EMPLOYMENT ON ANY BASIS PROTECTED BY LAW INCLUDING RACE, CREED, COLOR, AGE, GENDER, NATIONAL ORIGIN, OR PHYSICAL HANDICAP.

Please print or type all requested information. Statements regarding education, employment, etc. and all references are subject to investigation and verification. False statements may lead to discipline and/or termination if discovered after employment. A resume may be attached, but should not replace the information requested on this form.

**FULL
NAME:**

FIRST MIDDLE LAST

TODAY'S DATE:

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PERMANENT ADDRESS:

(No P.O. Boxes)

HOUSE # STREET NAME Apt. # CITY STATE ZIP CODE

LOCAL ADDRESS:

(If different from Permanent Address)

HOUSE # STREET NAME Apt. # CITY STATE ZIP CODE

PHONE NUMBERS: () - ()
HOME NUMBER MOBILE (CELL) NUMBER

EMAIL ADDRESS: _____

Are you legally permitted to work in the United States:	
YES _____	NO _____

DRIVER'S LICENSE NUMBER: _____ **STATE of ISSUANCE:** _____

POSITION DESIRED: _____ **SALARY DESIRED:** _____

DATE YOU CAN START: _____ **FULL-TIME:** ____ **PART-TIME:** ____ **SEASONAL:** ____

Are you employed now? YES ____ NO ____ Are you available on weekends? YES ____ NO ____

Any disabilities that would prevent you from performing the duties of the job or any
ADA accommodations that we should know about? IF YES, please explain on separate paper. YES ____ NO ____

CERTIFICATIONS and SKILLS:

Note: Please bring proof of certifications to your interview(s).

C.D.L. - Class A:		First Aid:		Carpentry:	
C.D.L. - Class B:		C.P.R.:		Metal Works:	
OTHER Certifications or Skills:		Masonry:		Heavy Equipment Operator:	

List any relatives and/or friends currently
employed by the Borough of Gettysburg:

EDUCATION:	SCHOOL NAME	CITY / STATE / ZIP	YEARS ATTENDED	MAJOR COURSES
HIGH SCHOOL				
COLLEGE				
TECH SCHOOL				
GRAD SCHOOL				
OTHER				
List any additional skills or certifications you have:				

WORK HISTORY: (List the last four employers, Starting with the present or most recent)

DATE: (MONTH & YEAR)	COMPANY INFORMATION	SALARY	POSITION	REASON FOR LEAVING
FROM:	NAME:	\$		
TO:	ADDRESS:	Per		
		Phone #:		
Supervisor:		May we contact? YES ___ NO ___		
FROM:	NAME:	\$		
TO:	ADDRESS:	Per		
		Phone #:		
Supervisor:		May we contact? YES ___ NO ___		
FROM:	NAME:	\$		
TO:	ADDRESS:	Per		
		Phone #:		
Supervisor:		May we contact? YES ___ NO ___		
FROM:	NAME:	\$		
TO:	ADDRESS:	Per		
		Phone #:		
Supervisor:		May we contact? YES ___ NO ___		

<p>MILITARY EXPERIENCE:</p> <p>Are you a veteran? YES ___ NO ___</p> <p>Dates (month/year) of Military Service (Active & Reserve):</p> <p>Type of Discharge:</p>	<p>If YES: Branch of Service:</p> <p>_____</p> <p>_____</p>	<p>List Military Awards:</p> <p>_____</p> <p>_____</p>
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REFERENCES: List three (3) persons not related to you and not listed as previous employers. These references should be familiar with your background and character.

NAME:	COMPLETE ADDRESS:	PHONE NUMBER:
OCCUPATION:		
NAME:	COMPLETE ADDRESS:	PHONE NUMBER:
OCCUPATION:		
NAME:	COMPLETE ADDRESS:	PHONE NUMBER:
OCCUPATION:		

MISCELLANEOUS:

List any activities or special awards:

List any subjects of special study or research:

List any other special training(s) you may have:

EMERGENCY CONTACT INFORMATION:

In case of emergency, notify:

NAME:	COMPLETE ADDRESS:	PHONE NUMBER:

I authorize investigation of all statements made in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also authorize a criminal background investigation of myself - this includes a background investigation of my driving history. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice, subject to terms and conditions of any bargaining unit agreements with the Borough of Gettysburg (if the employee is covered by a bargaining unit).

SIGNED: _____ **DATE:** _____

I understand that the Borough of Gettysburg has a zero tolerance policy regarding substance abuse and has a stringent drug/alcohol policy in place. I understand that all job applicants and/or new employees may be required to comply with drug testing protocols as outlined by law. Such tests may be required without prior notification and may be requested at random with 'cause' for the presence of alcohol and/or drugs in my body. I acknowledge that a confirmed positive test may cause me not to be hired or to be removed from the payroll and subject to discipline up to and including termination, or with a recommendation to attend a drug/alcohol rehabilitation program. I fully understand that if I should refuse to take the test, I will not be hired, or I could be suspended from my job without pay or be terminated for insubordination. I also understand that the test results will be held in confidence and handled by authorized management personnel.

I hereby consent (_____) or refuse (_____) to take the drug/alcohol test.

I acknowledge that this document (or any accompanying document executed or delivered pursuant to or in connection with the drug/alcohol policy) is not intended to confer any contractual or other rights or claims in my favor (and that I remain employed at will).

SIGNED: _____ **DATE:** _____

TO BE COMPLETED BY
PARENT/GUARDIAN OF
MINOR CHILDREN:

I give consent to the investigation and drug/alcohol testing outlined in this employment application of my child.

SIGNED: _____ **DATE:** _____