CITY OF SUNBURY APPLICATION FOR EMPLOYMENT

225 Market Street Sunbury Pa. 17801 Office: 570.286.7820 www.sunburypa.org

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered. Any separate paper attached to this application must contain your name and category for which it pertains to at the top of each additional sheet.						
The City of Sunbury is an ereligion, color, sex, age, nati						of race,
Will you need any accommo	dation in the appl	ication or intervie	w process? YI	ES	NO	
Name:			Date:			
Last	First	M.I.		Month	Day	Year
Please list any former (maidento be used to verification purp		ases	Social Sec	urity No.:	-	
Address:	eet Address					<u>-</u>
Stre	eet Address		City		State	zip
Phone Number(s):						
· /	Landline		Cell Phone	-	0	ther
E-mail Address:						
Will you accept temporary wo	rk? YES	NO		applying for a	full or part-time po	
Position Applying For:			Fu	in Time	rantime	
Date you are available to begin	n work:	Month	Day	Year		
Have you previously been em	ployed by the City o					
		-				
If yes, please indicate when ar	nd what Department	Month	Day	Year	Depart	ment
Do you have the legal right to	work in the United	States? YES	NO			
Within the last five years, have to this application. For each carry NO NO						
In the last ten years, have you criminal charge? (Conviction of If yes, give details on a separa YES NO	of a criminal offense	e is not a bar to em	ployment in all	cases. Each cas	se is considered on i	t merits.)
Are there any criminal charges	s pending against yo	ou at this time? If y	ves, please give	details on a sep	arate sheet of paper	

		MILITARY EXPER	IENCE		
Entry Date: Discharge Date: Month Day Year MOSJOB: Please attach a copy of your DD214, if applicable. EDUCATION RADIO	Served in the U.S. Military?	YES NO NO			
EDUCATION SAME & LOCATION DID YOU GRADUATE? MAJOR COURSE DEGING DID YOU GRADUATE? DEGING DID YOU GRADUATE? DEGING DID YOU GRADUATE? DEGING DEGI	U.S. Military Branch:	Rank at Discharge:		Гуре of Discharge:	
EDUCATION SAME & LOCATION DID YOU GRADUATE? MAJOR COURSE DEGING DID YOU GRADUATE? DEGING DID YOU GRADUATE? DEGING DID YOU GRADUATE? DEGING DEGI	Entry Date:	Discharge Date:			
NAME & LOCATION DID YOU GRADUATE? MAJOR COURSE OF STUDY DEGI					
NAME & LOCATION DID YOU GRADUATE? TYPE DEGI	MOS/JOB:	Please attach a copy o	of your DD214, if a	ipplicable.	
NAME & LOCATION DID YOU GRADUATE? TYPE		EDUCATION	т		
Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO		EDUCATION			
COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL TECHNICAL, BUSINESS OR OTHER SCHOOL LICENSES AND PROFESSIONAL CERTIFICATES Do you have a Driver License? YES NO Type of Driver License: Driver License Number: State of Issuance: Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number:		NAME & LOCATION			TYPE OF DEGREE
UNIVERSITY OR PROFESSIONAL SCHOOL TECHNICAL., BUSINESS OR OTHER SCHOOL If you are selected for an interview, you will be asked to supply copies of Diplomas, Certificates and/or Transcripts. LICENSES AND PROFESSIONAL CERTIFICATES Do you have a Driver License? YES NO Type of Driver License: Driver License Number: State of Issuance: Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number:	HIGH SCHOOL				
If you are selected for an interview, you will be asked to supply copies of Diplomas, Certificates and/or Transcripts. LICENSES AND PROFESSIONAL CERTIFICATES Do you have a Driver License? YES NO Type of Driver License: Driver License Number: Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number: Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO	UNIVERSITY OR PROFESSIONAL				
LICENSES AND PROFESSIONAL CERTIFICATES Do you have a Driver License? YES NO State of Issuance: Driver License Number: Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number: Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO	BUSINESS OR OTHER				
Do you have a Driver License? YES NO Type of Driver License: Driver License Number: Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number: Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO	If you are selected for	an interview, you will be asked to supply cop	pies of Diplomas, (Certificates and/or Tran	escripts.
Driver License Number: State of Issuance: Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number: Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO		LICENSES AND PROFESSIONA	AL CERTIFICA	ATES	
Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number: Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO	Do you have a Driver License?	YES NO Typ	e of Driver License	::	
Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date, and certificate/license number: Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO	Driver License Number: State of Issuance:				
	-				
			or revoked? YES	NO NO	

EMPLOYMENT EXPERIENCE

Please list all previous employment for the past ten (10) years, starting with your present employer. You May attach a separate sheet of paper, if necessary.

Have you ever been disciplined by your current or previous employer? If yes, provide details on a separate sheet of paper.

YES	NO	
Present Employer:		Dates Employed:
	From:	То:
Complete Address:	TTOIII.	Phone No.:
_		
Supervisor Name & Title:		Reason for Leaving:
-		_
Position Held:		Salary:
	g, .:	•
Description of Duties & Responsibilities:	Starting:	Final:
2 confidence of 2 and a responsibilities.		
Employer:		Dates Employed:
	From:	To:
Complete Address:		Phone No.:
Supervisor Name & Title:		Reason for Leaving:
Position Held:		Salary:
	Starting:	Final:
Description of Duties & Responsibilities:		
Employer:		Dates Employed:
Employer		
Complete Address:	From:	To: Phone No.:
Complete Address.		I none 140
Supervisor Name & Title:		Reason for Leaving:
Supervisor Name & Title:		Reason for Leaving:
Daddar W.H.		Calouru
Position Held:		Salary:
	Starting:	Final:
Description of Duties & Responsibilities:		

Contact No.:

Email: _____

Years Known?

Name:

Address:____

CITY OF SUNBURY

DISCLOSURE AND RELEASE FORM EMPLOYEE DRIVING RECORD INFORMATION

- 1. In connection with my employment (or my application for employment), I hereby give permission to City of Sunbury, (hereinafter referred to as Employer) to obtain my state driving record (also known as my motor vehicle record or MVR)
- 2. I acknowledge and understand that my driving record is a consumer report that contains public record information.
- 3. I authorize, without reservation, any party or agency contact by Employer, to furnish the abovementioned information.
- 4. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record, for a two-year period preceding my request.
- 5. This Authorization shall remain on file by Employer for the duration of my employment, and will serve as on-going authorization for Employer to procure my state driving record at any time during my employment period.
- 6. I understand that Employer may take adverse action affecting my employment, based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:
 - Employer must notify me in writing of any such adverse action
 - I have the right to receive a copy of the driving record upon which the adverse action as based
 - I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address and phone number of the consumer reporting agency that provided my driving record to Employer
 - I have the right to obtain a free copy of my driving record from the agency that provided it, if such request is made within 60 days from the date that Employer took adverse action
 - I have the right to dispute the accuracy or completeness of my driving record with the consumer reporting agency that provided it, and request that errors be corrected

Name	First, Last, M.I.		Date $(M/D/Y)$
Signature			Date of Birth (<i>M/D/Y</i>)
Driver's Lic	ense No.	State Issued	

CITY OF SUNBURY

AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION FOR **BACKGROUND VERIFICATION**

The undersigned applicant does hereby authorize and release any and all records or documents, both written and oral, and any oral statements as to facts, circumstances or description of character of said applicant. The applicant also authorizes a background investigation into his/her personal history, criminal history, financial and character status. This authorization also entails the release from the holder of such documentation or testimony, from any liability associated with the release. This authorization shall also release any and all responsibility of the City of Sunbury and/or its agents, in the proper investigation of such matters.

If it is deemed necessary by the Employer, applicant shall submit him/herself to the Police Department of the City of Sunbury, for purposes of being properly fingerprinted as an applicant. Said fingerprints shall be forwarded to the appropriate criminal history repositories for verification or elimination of criminal history information.

Social Security Number	Date of Birth $(M/D/Y)$
Name Last, First, M.I	Date (M/D/Y)
Signature	

(Any known falsification of any documentation of application for employment, found by appropriate investigation, may result in prosecution of the applicant under Section 4904 B Pennsylvania Crime Code -Unsworn Falsification to Authorities, punishable by 1 year imprisonment and/or \$2,500.00 fine.)

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- 1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work 2. in the United States.
- I understand that all positions with the City of Sunbury are Public Sector positions and that my name may be 3. made public through the application and/or hiring process.
- I authorize any of the persons or organizations referenced in this application to give you any and all information 4. concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Applicant Name (PRINT)	LAST	FIRST	M.I.	Submission Date (M/D/Y)
Applicant Signatur	re			



RETURN COMPLETED APPLICATION TO:

Mayor's Office City of Sunbury 225 Market Street **Sunbury, PA. 17801**

Questions may be directed to: 570.286.7820

City of Sunbury Mission Statement:

Provide the services necessary to ensure a clean, safe, pleasant environment for the citizens, businesses and visitors of Sunbury, creating an exciting place to live, work, play and invest.