# CITY OF SUNBURY APPLICATION FOR EMPLOYMENT

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

Please complete this ap considered. Any separa the top of each addition	te paper attached to					
The City of Sunbury is religion, color, sex, age,						of race,
Will you need any accou	mmodation in the aj	oplication or intervi	ew process?	YES	NO	
Name:Last	First	M.I.	Date	Month	Day	Year
Please list any former (ma to be used to verification		aliases				
Address:	Street Address		City		State	zip
Phone Number(s):	Landline		Cell Phon	e	(	Dther
E-mail Address:						
Will you accept temporar	y work? YES	NO		you applying for Full Time	a full or part-time po Part Time	
Position Applying For:						
Date you are available to	begin work:	Month	Day	Year		
Have you previously been	employed by the Ci	ty of Sunbury? YES	5	NO		
If yes, please indicate who	en and what Departm	ent: Month	Day	Year	Depar	tment
Do you have the legal rig	at to work in the Unit				Depar	
Within the last five years, to this application. For ea YES NO	have you been disch ch case, provide the 1 ]	arged or asked to res	ign? If yes, pr employer, app	oroximate date, a	nd reasons for dismis	ssal. ?
criminal charge? (Convic If yes, give details on a se YES NO	tion of a criminal offe	ense is not a bar to er	nployment in	all cases. Each c	ase is considered on	it merits.)
Are there any criminal ch YES NO	arges pending agains	t you at this time? If	yes, please giv	ve details on a se	parate sheet of paper	r.

MILITARY EXPERIENCE					
Served in the U.S. Military? YES NO					
U.S. Military Branch:	Rank at Discharge:			Type of Discharge:	
Entry Date:	Discharge Date:				
Month Day Year	-	Month	Day	Year	
MOS/JOB:	Please attach a cop	oy of your L	DD214, i	f applicable.	

#### **EDUCATION**

	NAME & LOCATION	DID YOU GRADUATE?	MAJOR COURSE OF STUDY	TYPE OF DEGREE
HIGH SCHOOL				
COLLEGE, 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
Do you have a Driver License?	YES	

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:

Has your professional license(s) and/or certificate(s) ever been suspended, or revoked? YES NO If yes, please give details on the reason and the date.

#### 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.

Present Employer:		Dates Employed:
	From:	To:
Complete Address:		Phone No.:
Supervisor Name & Title:	R	eason for Leaving:
Position Held:		Salary:
	Starting:	Final:

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:		
	From:	To:	
Complete Address:	Phone No.:		
Supervisor Name & Title:		Reason for Leaving:	
Position Held:	Salary:		
	Starting:	Final:	
<b>Description of Duties &amp; Responsibilities:</b>			

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:	
	From:	To:
Complete Address:	Phone No.:	
Supervisor Name & Title:		Reason for Leaving:
Position Held:	Salary:	
	Starting:	Final:
Description of Duties & Responsibilities:		

### REFERENCES

List three persons who are not friends or related to you and who have a definite knowledge of your qualifications and work performance. Consideration for employment may be delayed until three individuals can be contacted.

Name:	Contact No.:
Address:	
	Years Known?
Name:	Contact No.:
Address:	Email:
	Years Known?
Name:	Contact No.:
Address:	Email:
	Years Known?

## 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 (M/D/Y)

Driver's License 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.
- 2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
- 3. I understand that all positions with the City of Sunbury are Public Sector positions and that my name may be made public through the application and/or hiring process.
- 4. I authorize any of the persons or organizations referenced in this application to give you any and all information 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	LAST	FIRST	M.I.	Submission Date (M/D/Y)
(PRINT)				

Applicant Signature



### **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.