

# LAFLIN BOROUGH

Laflin Borough  
Municipal Building  
47 Laflin Road  
Laflin, PA 18702



## Application For Employment

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Work Interest or Position Applied for: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ (Specify period) \_\_\_\_\_  
Salary Desired \_\_\_\_\_

Name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Apt. No. City State Zip Code

Telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Address \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street City State Zip Code

Have you worked for Laflin Borough before? Yes \_\_\_\_ No \_\_\_\_ If yes, position \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Please list any relatives employed by Laflin Borough:

Name of Person	Relationship
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Name of Person	Relationship
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Are you willing to work overtime? Yes \_\_\_\_ No \_\_\_\_ Sundays? Yes \_\_\_\_ No \_\_\_\_ Holidays? Yes \_\_\_\_ No \_\_\_\_

Are there any times when you are unavailable for work? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify \_\_\_\_\_

Have you previously applied for a position at Laflin Borough? Yes \_\_\_\_ No \_\_\_\_

If yes, please specify \_\_\_\_\_

Have you ever been convicted or pled guilty or nolo contendere to a criminal offense? Yes \_\_\_\_ No \_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

## Employment Experience - Most Recent First

(NOTE: List employers starting with the most recent/Resume may be attached)

Company Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State Job Title and Describe Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State Job Title and Describe Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State Job Title and Describe Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Employed (Month & Year) From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Weekly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
State Job Title and Describe Work \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact your current/previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Schools Attended

Address

Dates Attended  
From Mo/Yr to Mo/Yr

Did you  
Graduate?

Major/  
Degree

High  
School

College  
Univ.

College  
Univ.

Other

## SPECIAL SKILLS AND QUALIFICATIONS

List certifications obtained related to job (Fire Driver):

Comments

Summarize special skills and qualifications acquired from employment or other experiences

List professional, trade, business or civic activities and offices held for position applying.

## DRIVER- EXPERIENCE AND QUALIFICATIONS

\* Please complete only if position requires driving skills.

Drivers License - State: \_\_\_\_\_ License No.: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either A or B is yes, attach statement giving details.

DRIVER'S RELEASE: By signing this application below, I hereby give written permission, as the driver record holder, to Laflin Borough for authorization to request motor vehicle information regarding my driving record for the purpose of employment.

**PROFESSIONAL REFERENCES:** Give name, address, telephone number & job titles of three references who are not related to you.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## DECLARATION

It is understood and agreed that any deliberate misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Laflin Borough's service without recourse if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Laflin Borough reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of Laflin Borough has the authority to make any assurances to the contrary.

I give Laflin Borough the right to investigate all submitted references and to secure additional information about me, if job related. I hereby release from liability Laflin Borough and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Laflin Borough is an equal opportunity employer. Laflin Borough does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from Laflin Borough and still wish to be considered for employment, it will be necessary for me to fill out a "new application".

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_