

BOROUGH OF BELL ACRES**PUBLIC WORKS**

Employment Application

APPLICATION INFORMATION

Last Name	First	M.I.	Date:
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this borough? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			

Do you possess a valid Pennsylvania Class A Commercial Driver's License (CDL A *required*)? YES NO

EDUCATION

High School	Address		
From	To	Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
From	To	Graduate: YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			
From	To	Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	
Company	
Address	

PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

SPECIALIZED SKILLS: STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING.

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature _____ Date _____