



## EMPLOYMENT APPLICATION

2200 Garden Drive, Suite 100

Seven Fields, PA 16046

(724) 776-3090 [www.sevenfields.org](http://www.sevenfields.org)

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Borough Office.

### (PLEASE PRINT)

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
No. Street City County State ZIP  
Home Cell

Position applied for: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐ Summer

On what date would you be available for work? \_\_\_\_\_

Are you over 18? ☐ Yes ☐ No

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Are you a U.S. citizen or otherwise lawfully authorized to be employed in this country? ☐ Yes ☐ No

*Proof of citizenship or immigration status will be required upon employment*

Have you ever filed an application or been employed with us before? ☐ Yes ☐ No

If yes, give date: \_\_\_\_\_

Do you have any relatives employed with us? ☐ Yes ☐ No

If yes, give name: \_\_\_\_\_

Are you currently on "lay-off" or furlough status and subject to recall? ☐ Yes ☐ No

Do you have transportation to and from work? ☐ Yes ☐ No

Are you able to work overtime hours (coming out early for your shift, holding over after your shift, being called out or being scheduled for overtime)? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

If job requires, do you have a valid PA Driver's License? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain: \_\_\_\_\_

Are you employed? ☐ Yes ☐ No If yes, may we check references at your present employer? ☐ Yes ☐ No

How did you learn about us? \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

Do you have special skills or experience? Professional Designations/certifications/licenses (list) \_\_\_\_\_

Dictation \_\_\_\_\_ Typing/WPM \_\_\_\_\_ Computer/Programs \_\_\_\_\_

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any relevant special job-related skills, training, and qualifications acquired from employment, volunteer activities, skilled trades, etc.


Describe any job-related training received in the United States military.


Are you requesting consideration of Veteran's status?

☐ Yes ☐ No

(Note: per decisions of Pennsylvania's Supreme Court, preference for veterans is limited to entry level employment.)

If you are, provide the following information:

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
(Verification of Veteran's status may be required.)

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Give the name(s) of your immediate supervisor(s). Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. **If you need additional space, please continue on a separate sheet of paper.**

## **EMPLOYMENT EXPERIENCE (Continued)**

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

### **ADDITIONAL INFORMATION**

State any additional information you feel may be helpful to us in considering your application.

Do you have any relatives that work at the Borough?

☐ Yes ☐ No

If yes, who? \_\_\_\_\_ Relationship: \_\_\_\_\_

## **REFERENCES**

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### **Personal References**

1.	(Name)	(Telephone)
	(Address)	
2.	(Name)	(Telephone)
	(Address)	
3.	(Name)	(Telephone)
	(Address)	

### **Professional References**

1.	(Name)	(Telephone)
	(Address)	
2.	(Name)	(Telephone)
	(Address)	
3.	(Name)	(Telephone)
	(Address)	

If you have been provided a job description, are you able to perform the essential functions of the job with or without accommodations? ☐ Yes ☐ No

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this employment application shall be considered valid for a period of time not to exceed ninety (90) days. If I still desire a position with the Borough of Seven Fields after this employment application expires, it will be my duty to complete a new employment application and file it with the Borough.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at anytime and the Employer may discharge Employee at any time with or without cause. (The Employer does not discipline employees, including at-will employees, on the basis of race, color, religion, gender, national origin, age, disability, marital status in retaliation for making an employment discrimination claim or utilizing statutorily protected or case law protected rights.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all published and inherent rules and regulations of Seven Fields Borough.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **THANK YOU FOR APPLYING FOR EMPLOYMENT WITH THE BOROUGH OF SEVEN FIELDS**

PLEASE NOTE: This Employment Application can be printed from our website at [www.sevenfields.org](http://www.sevenfields.org).

Seven Fields Borough Employment Application

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**