

Borough of Alburtis 260 Franklin Street, P.O. Box 435 Alburtis, PA 18011 Phone: 610-966-4777

Fax: 610-965-5517

Employment Application

		Appli	icant lı	nform	ation				
Full Name:	 Last	First			-0.01	M.I.	Date:		
Address:	Lasi	7 11 32				W			
	Street Address						Apartment/Unit #	ŧ	
	City					State	ZIP Code		
Phone:			E	Email					
Date Available: Social Security No.:					Desired Salary:\$				
Position App	olied for:								
Are you a ci	tizen of the United State	YES	NO	If no, a	are you a	authorized to wo	YES ork in the U.S.?	NO	
Have you ev	ver worked for this comp	YES pany? □	NO	If yes,	when?_				
Have you ev	ver been convicted of a	YES felony? □	NO						
lf yes, expla	in:								
			Educa	ation			14. 14. 14. 14. 14. 14. 14. 14. 14. 14.		
High School	l:	Ac	ddress:_					*	
From:	To:	Did you gra	duate?	YES	NO	Diploma::			
College:		Ad	ddress:_						
From:	To:	Did you gra	duate?	YES	NO	Degree:			
Other:		Ac	ddress:_						
From:	To:	Did you gra	duate?	YES	NO	Degree:			

References									
Please list three professional references.									
Full Name:	Relationship:								
Company:	Phone:								
Address:									
Full Name:	Relationship:								
Company:	Phone:								
Address:									
Full Name:	Relationship:								
Company:	Dhono								
Address:									
Previous I	Employment								
Company:	Phone:								
Address:	Cunantians								
Job Title: Starting	Salary:\$ Ending Salary:\$								
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference?	YES NO								
Company:	Phone:								
Address:	Supervisor								
Job Title: Starting S									
Responsibilities:									
From: To:	Reason for Leaving:								
May we contact your previous supervisor for a reference?	YES NO								

Company:	*	Phone:						
Address:			Supervisor:					
Job Title:	Starting S	Salary:\$		Ending Salary:				
Responsibil	ities:	51						
From:	To:	Reason f	or Leaving:_					
May we con	tact your previous supervisor for a reference?	YES	NO					
Military Service								
Branch:			From:	To:				
Rank at Dis	Type of Discharge:							
If other than	honorable, explain:							
	Disclaimer a	nd Signa	ture	and the state of t				
I certify that my answers are true and complete to the best of my knowledge.								
	cation leads to employment, I understand that ay result in my release.	false or m	isleading inf	ormation in my applica	ation or			
Signature:		Date:						