

CITY OF SUNBURY
APPLICATION FOR EMPLOYMENT

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

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered. Any separate paper attached to this application must contain your name and category for which it pertains to at the top of each additional sheet.

The City of Sunbury is an equal opportunity employer. The City of Sunbury does not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, sexual orientation, sexual identity or disability.

Will you need any accommodation in the application or interview process? YES NO

Name: _____ Date: _____
Last First M.I. Month Day Year

Please list any former (maiden, etc.) names or aliases to be used for verification purposes:

Social Security No.: _____ - _____ - _____

Address: _____
Street Address City State zip

Phone Number(s): _____
Landline Cell Phone Other

E-mail Address: _____

Will you accept temporary work? YES NO

Are you applying for a full or part-time position?

Full Time Part Time

Position Applying For: _____

Date you are available to begin work: _____
Month Day Year

Have you previously been employed by the City of Sunbury? YES NO

If yes, please indicate when and what Department: _____
Month Day Year Department

Do you have the legal right to work in the United States? YES NO

Within the last five years, have you been discharged or asked to resign? If yes, provide details on a separate sheet of paper and attach to this application. For each case, provide the name and address of employer, approximate date, and reasons for dismissal.

YES NO

In the last ten years, have you been convicted of any criminal offenses or have you forfeited bond or collateral in connection with a criminal charge? (Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits.)

If yes, give details on a separate sheet of paper. Be sure to include your social security number, date of offense, and type of offense.

YES NO

Are there any criminal charges pending against you at this time? If yes, please give details on a separate sheet of paper.

YES NO

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 copy of your DD214, if applicable.*

EDUCATION

	NAME & LOCATION	DID YOU GRADUATE?	MAJOR COURSE OF STUDY	TYPE OF DEGREE
HIGH SCHOOL or GED				
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** 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.

YES NO

Present 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:	

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:	

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: _____ Email: _____
 _____ 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 above-mentioned 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 is 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	Date of Birth (M/D/Y)
<i>Last, First, M.I.</i>	

Signature	Date Signed (M/D/Y)
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Driver's License No.	State Issued
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CITY OF SUNBURY

AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

I hereby authorize the release to the City of Sunbury, or its representative, any and all personnel and/or personal information about me, which is maintained by your institution/agency/company. This release pertains to records maintained in your files, verbal knowledge or other information with regard to: Employment History; Financial Records; Criminal Arrest and/or conviction; and/or any other information, including character, observations, or personal opinions.

I further request that such records be provided and/or forwarded to the City of Sunbury for inclusion with my application for employment with the Department to ascertain my qualifications and fitness for appointment to the City of Sunbury.

I acknowledge, by signing this authorization, that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files or verbal knowledge and the observations and/or personal opinions contained therein.

I further understand that in consideration for said release, the City of Sunbury will regard all information obtained as confidential and shall not release the same to any other person without express written consent, except under the following circumstances: (1) when necessary to conduct the proper review of my qualifications for employment with the City of Sunbury; (2) to the appropriate criminal justice agencies for use in the performance of their official duties; (3) to any law enforcement agency provided with a signed release for these records; and/or (4) to my current employer, if they are federal, state, or local governmental entity, or a security firm, where I am employed in a position of trust.

I additionally certify that a copy of this authorization to obtain information is as valid as the original as sign by me.

I certify that I have read and fully understand the foregoing statement.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

DATE, (M/D/Y): _____

SIGNATURE OF WITNESS: _____

If it is deemed necessary by the employer, applicant shall submit 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.

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.
(PRINT)

Date Signed (M/D/Y)

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.