

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				
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 *First, Last, M.I.*

Date (M/D/Y)

Signature

Date of Birth (M/D/Y)

Driver's License No. State Issued

CITY OF SUNBURY**AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION FOR
BACKGROUND VERIFICATION**

The undersigned applicant does hereby authorize and release any and all records or documents, both written and oral, and any oral statements as to facts, circumstances or description of character of said applicant. The applicant also authorizes a background investigation into his/her personal history, criminal history, financial and character status. This authorization also entails the release from the holder of such documentation or testimony, from any liability associated with the release. This authorization shall also release any and all responsibility of the City of Sunbury and/or its agents, in the proper investigation of such matters.

If it is deemed necessary by the Employer, applicant shall submit him/herself 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.

Social Security Number

Date of Birth (M/D/Y)

Name *Last, First, M.I*

Date (M/D/Y)

Signature

(Any known falsification of any documentation of application for employment, found by appropriate investigation, may result in prosecution of the applicant under Section 4904 B Pennsylvania Crime Code – Unsworn Falsification to Authorities, punishable by 1 year imprisonment and/or \$2,500.00 fine.)

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)

 Submission Date (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.