

**BOROUGH OF MIFFLINBURG
JOB ANNOUNCEMENT FORM**

The Borough of Mifflinburg is currently accepting applications for the advertised position,

If you are interested in applying for this position, please read the following information. If you need assistance with the application process, please notify our office.

1. In order to be considered for employment, you must complete the attached application form. Your application may be rejected if information is incomplete or inaccurate.
2. Before you complete the application form, please review the attached job advertisement to ensure you possess the requisite knowledge, skills and ability, to perform the job for which you are applying. As an equal opportunity employer, the Borough will strive to provide reasonable accommodations for individuals with disabilities who would otherwise meet job requirements.
3. Please sign the application form and return it to the Borough office by the deadline advertised. You will be notified if an interview is requested. Due to the many applications received by the Borough, it is not always possible to respond personally to every application received. However, you may call (570)- 966-1013 at any time to inquire about the status of your application.
4. It is the policy of the Borough to accept employment applications only when an opening exists. All applications will be kept on file for two years, or longer if the applicant is hired.
5. Offers of employment are conditional on successful completion of the interview and review process to ensure the candidate can meet the requirements of the job.

Additional instructions or information (if applicable):

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Borough of Mifflinburg provides equal employment opportunities to all employees and applicants for employment without regard to race, color, sex, national origin, age, physical or mental disability, or status as a Vietnam-era or special disabled veteran, in accordance with state and federal laws.

BOROUGH OF MIFFLINBURG
APPLICATION FOR EMPLOYMENT
An equal opportunity employer

LAST NAME FIRST MIDDLE INITIAL

PRESENT ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE NUMBER (DAY) (EVENING)

POSTION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING _____

PLEASE CHECK PREFERRED STATUS:

Full-time _____ Part-time _____ No Preference _____ Other _____

DATE AVAILABLE TO START: _____

PAY RATE REQUESTED: _____

Are you over the age of 18? _____yes _____no If no, state your age: _____

Are you willing to work overtime, if necessary? _____yes _____no

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodation? _____yes _____no

Have you ever been convicted of a crime other than a minor traffic offense, or are there charges presently pending against you for any crime other than a minor traffic offense? If yes, state the nature of the offense, date, city and state:

Disclosure of a criminal record will not necessarily disqualify you for employment consideration. Each offense will be evaluated on its own merit with consideration for job duties, which you will be performing.

During the past ten years have you ever been involved in any work-related incident(s), which caused damage to facilities, equipment, property, or other persons? _____yes _____no

Do you have the legal right to work in the United States? _____yes _____no

APPLICATION FOR EMPLOYMENT

RECORD OF EDUCATION

(LIST SCHOOLS FROM WHICH YOU OBTAINED A DEGREE OR CERTIFICATION)

SCHOOL NAME	LOCATION	COURSE OF STUDY	DATES	DEGREE/CERT. RECEIVED
HIGH SCHOOL				NA
COLLEGE				
GRADUATE				

RECORD OF PREVIOUS EMPLOYMENT

(PROVIDE INFORMATION ON THE PREVIOUS 10 YEARS OF EMPLOYMENT, INCLUDE MILITARY SERVICE.)

PRESENT OR MOST RECENT EMPLOYER	MONTH & YEAR	POSITION HELD AND DUTIES PERFORMED
_____ Name _____ Street Address _____ City, State, Zip _____ Supervisor Telephone Number	From To	
	Ending Salary	Reason for Leaving:

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE SEEKING EMPLOYMENT ELSEWHERE: YES NO

PREVIOUS EMPLOYER	MONTH & YEAR	POSITION HELD AND DUTIES PERFORMED
_____ Name _____ Street Address _____ City, State, Zip _____ Supervisor Telephone Number	From To	
	Ending Salary	Reason for Leaving:

NEXT PREVIOUS EMPLOYER	MONTH & YEAR	POSITION HELD AND DUTIES PERFORMED
<hr/> Name <hr/> Street Address 	From To	
City, State, Zip <hr/> Supervisor Telephone Number	Ending Salary	Reason for Leaving:

NEXT PREVIOUS EMPLOYER	MONTH & YEAR	POSITION HELD AND DUTIES PERFORMED
<hr/> Name <hr/> Street Address 	From To	
City, State, Zip <hr/> Supervisor Telephone Number	Ending Salary	Reason for Leaving:

NEXT PREVIOUS EMPLOYER	MONTH & YEAR	POSITION HELD AND DUTIES PERFORMED
<hr/> Name <hr/> Street Address 	From To	
City, State, Zip <hr/> Supervisor Telephone Number	Ending Salary	Reason for Leaving:

If you are applying for an administrative support position, indicate:			
Typing speed:	Computer operation: <input type="checkbox"/> yes <input type="checkbox"/> no	Kind:	
Shorthand speed:	Word processing: <input type="checkbox"/> yes <input type="checkbox"/> no	Kind:	
Dictaphone <input type="checkbox"/> yes <input type="checkbox"/> no	Database: <input type="checkbox"/> yes <input type="checkbox"/> no	Kind:	
	Spreadsheet: <input type="checkbox"/> yes <input type="checkbox"/> no	Kind:	

List any training courses or on-the-job training you have received:			
What type?	Who provided training?	Dates of training?	Location?

List any professional references:		
Name	Address	Telephone

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or if employed, discharge from employment. I authorize the employer to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, and educational background, whether same is of written record or not; and I authorize my employers to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of the original.

(Date)

(Applicant's Signature)