



APPLICATION FOR EMPLOYMENT or VOLUNTEER SERVICE

Borough of Gettysburg

59 East High Street

Gettysburg, PA 17325

(717) 334-1160

(717) 334-7258 FAX

www.Gettysburg-PA.gov

Email: SStull@Gettysburg-PA.gov

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION EMPLOYMENT ON ANY BASIS PROTECTED BY LAW INCLUDING RACE, CREED, COLOR, AGE, GENDER, NATIONAL ORIGIN, OR PHYSICAL HANDICAP.

Please print or type all information. Statements regarding education, employment, etc. and all references are subject to investigation and verification. False statements may lead to discipline and/or termination if discovered after employment. A resume may be attached, but should not replace the information requested on this form.

TODAY'S DATE: _____ DATE OF BIRTH: _____

FULL NAME: _____
LAST FIRST MIDDLE

PERMANENT ADDRESS: _____
HOUSE # STREET APT. #
 (No P.O. Boxes)
 Permanent address)
CITY STATE ZIP

LOCAL ADDRESS _____
HOUSE # STREET APT. #
 (If different from)
CITY STATE ZIP

PHONE NUMBER(S): _____
HOME NUMBER CELL NUMBER

EMAIL: _____ **SOCIAL SECURITY NUMBER:** ____ - ____ - ____

DRIVER'S LICENSE NUMBER: _____ Are you legally permitted to work in the United States: YES ___ NO ___

POSITION DESIRED: _____ **SALARY DESIRED:** _____

FULL-TIME: ___ PART-TIME: ___ SEASONAL: ___ **DATE YOU CAN START:** _____

Are you employed now? YES ___ NO ___ Are you available on weekends? YES ___ NO ___

Will this be a second job? YES ___ NO ___

Any disabilities that would prevent you from performing the duties of the job? YES ___ NO ___
If YES, please explain on separate paper.

EDUCATION:

SCHOOL NAME	CITY/STATE/ZIP	YEARS ATTENDED	MAJOR COURSES
HIGH SCHOOL			
COLLEGE			
TECH SCHOOL			
GRAD SCHOOL			
OTHER			

List any additional skills you have:

MISCELLANEOUS:

List any activities or special awards:
List any subjects of special study or research:
List any other special training you may have:

EMERGENCY CONTACT INFORMATION:

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

I authorize investigation of all statements made in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also authorize a criminal background investigation. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice, subject to terms and conditions of any bargaining unit agreements with the Borough of Gettysburg (if the employee is covered by a bargaining unit).

SIGNED: _____ DATE: _____

I understand that the Borough of Gettysburg has a zero tolerance policy regarding substance abuse and has a stringent drug/alcohol policy in place. I understand that all job applicants and/or new employees may be required to comply with drug testing protocols as outlined by law. Such tests may be required without prior notification and may be requested at random with 'cause' for the presence of alcohol and/or drugs in my body. I acknowledge that a confirmed positive test may cause me not to be hired or to be removed from the payroll and subject to discipline up to and including termination, or with a recommendation to attend a drug/alcohol rehabilitation program. I fully understand that if I should refuse to take the test, I will not be hired, or I could be suspended from my job without pay or terminated for insubordination. I also understand that the test results will be held in confidence and handled by authorized management personnel.

I hereby consent () or refuse () to take the drug/alcohol test.

I acknowledge that this document (or any accompanying document executed or delivered pursuant to or in connection with the drug/alcohol policy) is not intended to confer any contractual or other rights or claims in my favor (and that I remain employed at will).

SIGNED: _____ DATE: _____

Last Name:
First Name:
M.I.:

TO BE COMPLETED BY PARENT/GUARDIAN OF MINOR CHILDREN:

I give consent to the investigation and drug/alcohol testing outlined in this employment application of my child.

SIGNED: _____
DATED: _____