

Township of North Huntingdon  
11279 Center Highway  
North Huntingdon, PA 15642  
(724)863-3806

**APPLICATION FOR EMPLOYMENT**  
(Type or print in black ink)

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name:

\_\_\_\_\_

Last

First

Middle

Address:

\_\_\_\_\_

Street

Apartment #

City

State

Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Valid PA Driver's License/CDL \_\_\_\_\_ Operator  
Home Phone Business / Message Phone License No.: \_\_\_\_\_ CDL/Class  
(only for positions requiring driving)

Have you ever been employed anywhere under any other name(s)? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please list name(s). \_\_\_\_\_

Indicate the position for which you are applying: \_\_\_\_\_

Do you wish to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary  
If part time, specify days or hours: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with the Township of North Huntingdon? \_\_\_\_\_

**GENERAL INFORMATION**

Are you legally authorized to work in the United States? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you below the age of 18? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please give offense, date, county, state and sentence for each conviction:

\_\_\_\_\_  
\_\_\_\_\_

**Note:** Criminal convictions are not necessarily a bar to employment. Only those criminal convictions directly related to the applicant's suitability for employment in the position for which he or she applied will be considered.

Does the Township of North Huntingdon employ any relative (by blood or marriage) or cohabitant of yours? \_\_\_\_\_ If YES, give name, relationship and department where they work:

\_\_\_\_\_

Have you ever been employed by the Township of North Huntingdon prior to this application?

\_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, under what name, department and dates? \_\_\_\_\_

## EDUCATION

*Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration.*

Please circle highest grade completed. Give dates of attendance, credit hours completed, type of degree, and major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or programs you have completed.

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

\_\_\_\_\_ Name of high school \_\_\_\_\_ Location

CHECK ONE: \_\_\_\_\_ High School Diploma \_\_\_\_\_ GED

Please circle highest degree or college year completed.  
 College Degree Completed: Associate Bachelor Masters Doctorate  
 College: Freshman Sophomore Junior Senior

NAME/LOCATION OF COLLEGE	DATES ATTENDED FROM MO/YR TO MO/YR	CREDIT HOURS COMPLETED	HAVE YOU GRADUATED?	TYPE OF DEGREE	LIST MAJOR/MINOR
NAME/LOCATION OF TECHNICAL SCHOOL VOCATIONAL/TRADE SCHOOL	DATES ATTENDED FROM MO/YR TO MO/YR	CLASSROOM/ CREDIT HOURS COMPLETED	HAVE YOU GRADUATED?	CERTIFICATE/ DEGREE	LIST MAJOR/MINOR

Technical skills or other training acquired: \_\_\_\_\_

List certificates, competency cards, or trade licenses you possess: \_\_\_\_\_

## SKILLS

Typing speed \_\_\_\_\_ words per minute; Steno speed \_\_\_\_\_ words per minute

Can you transcribe machine dictation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Business machines you can operate? \_\_\_\_\_

**Note:** This application has been designed for use by applicants for various positions – administrative, clerical, professional and technical. Answer the questions to the best of your ability. All information will be treated confidentially.

## REFERENCES

List three persons not related to you who have knowledge of your character:

1. \_\_\_\_\_  
Name Address (Street, City, State, Zip) Telephone
2. \_\_\_\_\_  
Name Address (Street, City, State, Zip) Telephone
3. \_\_\_\_\_  
Name Address (Street, City, State, Zip) Telephone

## REFERRAL SOURCE: (Check One)

- \_\_\_\_\_ Newspaper      \_\_\_\_\_ College Recruitment      \_\_\_\_\_ Prof. Org./Association  
\_\_\_\_\_ Web Page      \_\_\_\_\_ Job Service      \_\_\_\_\_ Journal  
\_\_\_\_\_ Trade School      \_\_\_\_\_ High School Recruit      \_\_\_\_\_ Employee Referral  
\_\_\_\_\_ Agency      \_\_\_\_\_ Walk-In

Name of Referral Source: \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT

You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are employed by the Township of North Huntingdon. Your signature also authorizes the Township of North Huntingdon to request employment and educational information/verification from your existing and previous employers and educational institutions. For all non-union employment, it is on an "at-will" basis, which means that you may resign your position at any time and the Township of North Huntingdon can terminate your employment at any time, with or without cause.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**THE TOWNSHIP OF NORTH HUNTINGDON IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, AGE, GENDER, NATIONAL ORIGIN OR DISABILITY.**

## PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. **Dates of employment, salary history, name and phone number of immediate supervisor must be included.** Describe major duties performed and types of machines or equipment operated. A resume may be attached as a supplement; however, you must complete all information requested on the application.

**Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment. Omission of employment information may result in disqualification or dismissal. Attach additional sheets as necessary.**

DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER?  YES  NO  
If YES, explain \_\_\_\_\_

1. EMPLOYER \_\_\_\_\_ DATES OF EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS \_\_\_\_\_  
Street City State Zip Telephone

JOB TITLE \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_ SALARY OR EARNINGS  
Starting: \_\_\_\_\_ per \_\_\_\_\_  
Ending: \_\_\_\_\_ per \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS \_\_\_\_\_  
Street City State Zip Telephone

JOB TITLE \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_ SALARY OR EARNINGS  
Starting: \_\_\_\_\_ per \_\_\_\_\_  
Ending: \_\_\_\_\_ per \_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ EMPLOYMENT From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

ADDRESS \_\_\_\_\_  
Street City State Zip Telephone

JOB TITLE \_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_ SALARY OR EARNINGS  
Starting: \_\_\_\_\_ per \_\_\_\_\_  
Ending: \_\_\_\_\_ per \_\_\_\_\_

