

# Municipality of Kingston

## Application for Employment

*An Equal Opportunity Employer*

**Please Print All Information**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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Address \_\_\_\_\_ Evening Phone \_\_\_\_\_

Would you prefer to be contacted during the Day  Evening  No Preference

Position Applying For \_\_\_\_\_ Department \_\_\_\_\_

Are you available for:  Full-time Work  Daytime Work  Temporary, occasional, or seasonal work  
 (check all that apply)  Part-time Work  Evening or night work

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### EDUCATION

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Circle Highest Year Completed      Elem. 1 2 3 4 5 6 7 8      High 9 10 11 12      College/Tech 1 2 3 4 5 6

	Name of School	Address	# of Years Attended	Did you Graduate?	Major	Degree
High School						
Colleges, Universities, or Technical Schools						

List any other training, seminars, correspondence courses, etc. that would have a bearing on your qualifications.

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### WORK HISTORY

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As a minimum, list all jobs and periods of unemployment in that last 10 years that lasted over 30 days. List all jobs that have a bearing on your qualifications for the work you are applying for, regardless of when they occurred. Include military experience if applicable. Use a blank sheet or an additional form if more space is required. Your current employer will not be contacted without your permission. Start with your present or most recent job.

Current or Most Recent Employer:	Your Job Title:
Address:	Describe Your Duties:
Dates Employed From:    Month    Year    To:    Month    Year	
Name of Your Supervisor:	Why Did You Leave (or wish to leave) this job?
Current or Final Pay Rate:	
Current or Most Recent Employer:	Your Job Title:
Address:	Describe Your Duties:
Dates Employed From:    Month    Year    To:    Month    Year	
Name of Your Supervisor:	Why Did You Leave (or wish to leave) this job?
Current or Final Pay Rate:	
Current or Most Recent Employer:	Your Job Title:
Address:	Describe Your Duties:
Dates Employed From:    Month    Year    To:    Month    Year	
Name of Your Supervisor:	Why Did You Leave (or wish to leave) this job?
Current or Final Pay Rate:	
Current or Most Recent Employer:	Your Job Title:
Address:	Describe Your Duties:
Dates Employed From:    Month    Year    To:    Month    Year	
Name of Your Supervisor:	Why Did You Leave (or wish to leave) this job?
Current or Final Pay Rate:	

Check here if more information is attached.

**If at any of the previously listed schools or employers, you were known by another name, please list it below.**

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Last First Middle

**Are you able to perform the work of the job for which you are applying?**  YES  NO

**If no, see supplemental form or attach an explanation of any accommodations needed. The employer will make reasonable accommodations if necessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration for employment.**

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**QUALIFICATIONS**

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1. List any licenses or certifications you hold that have a bearing on your qualifications.
  
2. Have you ever had a license or certification revoked or suspended?  YES  NO If YES, please explain below.
  
3. Have you ever been fired or asked to resign from a job?  YES  NO
  
4. Are you 18 years of age or older?  YES  NO  
(If you are under 18, you must present a certificate from your school district stating your eligibility to work.)
  
5. Are you legally eligible to be employed in the United States of America?  YES  NO  
(If hired, you will be required to show documentation verifying your eligibility.)
  
6. Have you ever been convicted of or pled guilty to a crime other than summary offenses or traffic violations?  YES  NO  
If YES, please explain below. (A conviction will not be a disqualification from employment unless it has a bearing on your qualifications.)

Is there any other information we should be aware of which has a bearing on your qualifications for the work for which you are applying?  YES  NO  
(If yes, list below or on a separate sheet. Do not volunteer any information about your age, sex, religion, race, national origin, or disability.)

List at least three references who know you personally and who are familiar with your work qualifications, and who are not related to you.

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Name	How Know	Address	Telephone Number
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1.

2.

3.

4.

I certify that to the best of my knowledge, the information on this form is correct and complete. I understand that any misrepresentation on this application will be cause for me to be removed from further consideration, or, if I have been hired, may be grounds for my dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please answer the questions on page 4 only if they are applicable to the type of work you are applying for.**

**If you are applying for a specific position, you should answer the questions on the following list, which have been indicated by a check mark before the number. If you are filling out a general application for our files, answer those questions, which in your judgement are related to the type of work you are seeking.**

Answer if  
Checked

- Can you type?  yes  no Speed(correct cords per minute) \_\_\_\_\_
- Can you take dictation without mechanical assistance?  yes  no Speed(spoken words per minute \_\_\_\_\_
- Can you operate any type of electronic word processing equipment?  yes  no Type of equipment \_\_\_\_\_
- List any other office machines that you can operate. \_\_\_\_\_
  
- Do you possess a valid Pennsylvania motor vehicle operator's license?  yes  no For what class or vehicle? \_\_\_\_\_  
License Number \_\_\_\_\_ expiration date \_\_\_\_\_
- What types of motor vehicles and construction equipment can you operate? \_\_\_\_\_
  
- Are you available for overnight travel?  yes  no
- Are you available for occasional overtime work?  yes  no
- Can you begin work within 4 weeks of a job offer?  yes  no
- Have you ever been refused bond?  yes  no
- Can you understand (U), read ®, speak (S), or write (W) any language other than English  yes  no  
If YES, please list.

<input type="checkbox"/> Language	U	R	S	W
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Are you now serving or have you ever served in any branch of the U.S. Military Services including National Guard or Reserves?  
 yes  no

# Application Supplement

## Essential Function Information

The position of \_\_\_\_\_ requires that you be able to perform the following functions:

**TO THE EMPLOYER:**

(Describe duties that required walking; climbing; use of physical strength, force, or endurance; communication with others including talking, reading, writing, listening, seeing, exposure to inclement weather; exposure to stressful situations; operating a vehicle; manipulating tools or machinery; producing products or services at a specified rate of speed; working prolonged hours or unusual schedules; entering confined spaces.)

**TO THE APPLICANT:**

I have reviewed the above list of job functions and believe that:

- I can fully perform all the functions with or without reasonable accommodations.
- I cannot perform all the functions. (Checking this box may result in your being disqualified for this job. Please explain if there are additional considerations of which we should be aware. Do not volunteer any information about your age, sex, religion, race, national origin or disability.)

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date