



# CITY OF DUBOIS

16 w. Scribner Avenue, PO Box 408, DuBois, PA 15801  
Phone: 814-371-2000 Website: [duboispa.gov](http://duboispa.gov)

## APPLICATION FOR EMPLOYMENT

Please attach your resume to this application; with the exception of Summer Help applicants.

We consider applicants for all positions without regard to race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, marital status, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Personnel Office.

Please Check One:	Full-time		Shift Work	
	Part-time		Summer Help	

Position (s) Applied for:

Date of Application: \_\_\_\_\_

\_\_\_\_\_

Date Available for Work: \_\_\_\_\_

Name:

(Last)

(First)

(Middle)

Present Address:

(Number)

(Street)

(City)

(State)

(Zip)

Telephone Number(s)

Social Security Number

Home: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Personal Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a US Citizen or otherwise lawfully authorized to be employed in this Country? (Proof of Citizenship or immigration status will be required upon employment.)

YES

NO

\_\_\_\_

\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

\_\_\_\_

\_\_\_\_

Do you have a Driver's License?

\_\_\_\_

\_\_\_\_

Have you ever filed an application with us before?

\_\_\_\_

\_\_\_\_

Have you ever been employed with us before?

\_\_\_\_

\_\_\_\_

Can you travel if a job requires it?

\_\_\_\_

\_\_\_\_

Are you able to work overtime hours, coming out early for your shift, working over your shift, being called out, or being scheduled for overtime?

YES NO

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If no, please explain:

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Are you able to work all shifts and all days of the week?

YES NO

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If no, please explain:

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### EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary				
High School				
College /University				
Trade School				

### MILITARY

Have you ever been in the Armed Forces?

YES NO

— —

Are You requesting consideration of Veteran's status?

YES NO

— —

(Note: Per decisions of the Pennsylvania Supreme Court preference for Veterans is limited to entry level employment.)

If you are, provide the following information:

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

(Verification of Veteran's status may be required.)

**WORK EXPERIENCE**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

	YES	NO
May we contact your present employer?	___	___

Are you currently on "lay-off" or furlough status and subject to recall?	___	___
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Describe any specialized training, apprenticeship, skills and extracurricular activities:

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### ADDITIONAL INFORMATION

#### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### REFERENCES

#### PERSONAL

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### PROFESSIONAL

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. (The Employer does not discipline employees, including "at will" employees, on the basis of race, color, religion, sex, gender identity, sexual orientation, national origin, age, disability, marital status, or any other legally protected status in retaliation for making an employment discrimination claim or utilizing statutory protection or case law protected rights.)

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all published and inherent rules and regulations of the employer.

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Signature of Applicant

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Date



## Criminal Record & Credit History/Background Check Request

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Aliases and/or Maiden Name

First	Middle	Last
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_, am an applicant for employment with the City of DuBois and have been advised that as part of the application process, the City conducts a criminal and credit history background check. I do hereby consent to the City's use of any information provided during the application process in performing the criminal and credit history check. The City has informed me that I have the right to review and challenge any negative information that would adversely impact a decision of offered employment. In addition, I have been informed that I will have a reasonable time frame established within the sole discretion of the City. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance, and source of all information.

The following are my responses to questions about my criminal history (if any):

	YES	NO
Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offenses? (exclude minor traffic misdemeanors)	_____	_____

If yes, please provide details below.

Date of Offense: \_\_\_\_\_

State: \_\_\_\_\_ County \_\_\_\_\_

Details of Conviction:

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

YES NO

Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

\_\_\_

\_\_\_

Date of Offense: \_\_\_\_\_

State: \_\_\_\_\_

County \_\_\_\_\_

Details of Conviction:

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YES NO

Have you ever received probation or community supervision for any federal, state, or municipal offense? If yes, please provide details below.

\_\_\_

\_\_\_

Date of Offense: \_\_\_\_\_

State: \_\_\_\_\_

County \_\_\_\_\_

Details of Conviction:

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_