

Job Title _____ Duties: _____
Employer _____
Address _____
Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____ Number & titles of employees you supervised _____
Salary (Start) _____ (Finish) _____ Equipment / Software used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Your name if different from present _____

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EXPERIENCE

_____ Adding Machines _____ Bookkeeping _____ Word Processing (Software)
_____ Typist WPM _____ Receptionist _____ Spreadsheets (Software)

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

Licenses (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

REFERENCES

List names, addresses and relationships of three people not related to you who know your qualifications:

Name	Address	Phone	Relationship

For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

CERTIFICATION ~ Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Petersburg Borough. I understand that all information information herein, on this application is subject to verification. I also consent to reference and former employers and educational institutions listed being contacted regarding this application. I further authorize the Petersburg Borough to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application will become public information.

Date _____ Applicant Signature _____