



2 Pennsylvania Avenue
York Haven, PA 17370
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**YORK HAVEN BOROUGH
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer**

Name: Last _____ **First** _____ **Middle initial** _____

Present Address (Street, City, State, Zip) _____

Email: _____ **Telephone: Day** _____ **Evening** _____ **Cell** _____

Social Security Number _____ **Driver's License Number** _____

Position or Type of Work Applying for: _____

Please check preferred status: Full-time Part-time Other _____

Date Available to Start: _____

Are you over the age of 18? Yes No **If no, state your age:** _____

Are you willing to work overtime if necessary: Yes No

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodation?

Yes No

Have you ever been convicted of a crime?* Yes No

If yes, state the nature of the offense, when, where and disposition. (Use attached sheet titled "Additional Information")

***A conviction record will not necessarily be a bar to employment. This information will only be used for job related purposes and only to the extent permitted by applicable law.**

Do you have the legal right to work in the United States? Yes No

MILITARY SERVICE RECORD

Have you ever served in the U.S. Armed Forces: ____ Yes ____ No

If yes, list your duties, including any special training that is relevant to the position for which you have applied.
(Use attached sheet titled "Additional Information" if needed.)

PRIOR WORK HISTORY (List in order, last or current employer first.)

Dates From – To	Name, Address and Telephone Number of Employer	Rate of Pay	Supervisors Name/Title
Reason for leaving:			
Primary duties:			

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Reason for leaving:			
Primary duties:			

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Reason for leaving:			
Primary duties:			

RECORD OF EDUCATION

Type of School	Name and Address of School	Course of Study	Number of Years	Degree or Diploma Received

PERSONAL REFERENCES (excluding relatives)

1. Name: _____
Address: _____ Telephone Number: _____
Occupation: _____
Length of time you have known person: _____

2. Name: _____
Address: _____ Telephone Number: _____
Occupation: _____
Length of time you have known person: _____

3. Name: _____
Address: _____ Telephone Number: _____
Occupation: _____
Length of time you have known person: _____

