

EDUCATION AND TRAINING

_____ STILL ATTENDING HIGH SCHOOL: SCHOOL NAME _____

_____ HIGH SCHOOL DIPLOMA _____ GED

COLLEGE _____ (Circle one)
VOCATIONAL /SPECIALIZED TRAINING 1 YR 2 YRS 3 YRS 4 YRS
1 YR 2 YRS

COLLEGE OR UNIVERSITY NAME: _____

DATES: FROM _____ TO _____

DIPLOMA OR DEGREE _____

DATE RECEIVED _____ MAJOR _____

GRADUATE SCHOOL NAME: _____

DATES: FROM _____ TO _____

DIPLOMA OR DEGREE _____

DATE RECEIVED _____ MAJOR _____

VOCATIONAL TRAINING SCHOOL NAME: _____

DATES: FROM _____ TO _____

DIPLOMA OR CERTIFICATE _____

DATE RECEIVED _____ MAJOR _____

LICENSES AND CERTIFICATES

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Commercial Drivers License? YES NO CLASS _____ LIST ENDORSEMENTS _____

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS

COMPUTERS: _____ SOFTWARE: _____

OTHER OFFICE EQUIPMENT: _____

TYPING SPEED: _____ WPM _____ 10-Key (by touch? YES NO)

DESCRIBE YOUR SHOP EQUIPMENT OPERATION SKILLS (Pertaining to the position for which you are applying)

HEAVY/LIGHT EQUIPMENT TYPES: _____

POWER TOOLS: _____

HAND TOOLS: _____

Can you work under adverse weather conditions? YES NO

PLEASE LIST THREE PROFESSIONAL REFERENCES

Name Title Address Phone

Name Title Address Phone

Name Title Address Phone

EMPLOYMENT HISTORY:

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the sections below the duties performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. If in doubt about listing a particular job, it may be to your advantage to list it. Incomplete applications will disqualify the applicant. The Borough will conduct background checks to verify information on applications.

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ TO ___ / ___ / ___

HOURS PER WEEK: _____

SALARY/WAGES: _____

PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____

NUMBER OF PERSONS SUPERVISED: _____

HAVE YOU SUPERVISED: _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ **TO** ___ / ___ / ___

HOURS PER WEEK: _____

SALARY/WAGES: _____

PHONE NUMBER: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

NUMBER OF PERSONS SUPERVISED: _____

HAVE YOU SUPERVISED: _____

YOUTH (under 17 yrs old)

_____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ___ / ___ / ___ **TO** ___ / ___ / ___

HOURS PER WEEK: _____

SALARY/WAGES: _____

PHONE NUMBER: _____

MAY WE CONTACT THIS EMPLOYER? ___ YES ___ NO

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

NUMBER OF PERSONS SUPERVISED: _____

HAVE YOU SUPERVISED: _____

YOUTH (under 17 yrs old)

_____ ADULT (18+yrs old)

REASON FOR LEAVING: _____

YOUR JOB TITLE: _____

DUTIES:

ADDITIONAL SHEETS MAY BE SUBMITTED