

**Borough of Oakmont**  
 767 Fifth Street  
 Oakmont, Pennsylvania 15139  
 Phone: 412-828-3232  
 Fax: 412-828-3479



## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

Last Name		First Name		M.I.		Date	
Home Address				Apartment/Unit #			
City			State	ZIP			
Home Phone	Cell Phone		E-mail Address				
Social Security No.			Date you can start:				
Desired Position:							
Are you Employed now?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we contact your current employer		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Borough of Oakmont before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever applied to the Borough of Oakmont before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you related to any Borough employee?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

### EDUCATION

High School				Address & Phone			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College				Address & Phone			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Major		
Graduate				Address & Phone			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree & Major		
Trade/ Business School				Address & Phone			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Concentration		
Special Training, Skills, or Certifications							
Address & Phone							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

**PREVIOUS EMPLOYMENT (Most Recent First)**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

*Please Attach Resume to this Application if available*

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

## REFERENCES

Please list three professional references.

Full Name		Relationship			
Company		Phone			
Address		Years Known		Email	
Full Name		Relationship			
Company		Phone			
Address		Years Known		Email	
Full Name		Relationship			
Company		Phone			
Address		Years Known		Email	