

# RANKIN BOROUGH

## EMPLOYMENT APPLICATION

Please print clearly. Complete all applicable sections. Attach additional pages if necessary.

### APPLICANT INFORMATION

|                         |                             |
|-------------------------|-----------------------------|
| Application Date: _____ | Position Applied For: _____ |
| Full Name: _____        |                             |
| Address: _____          |                             |
| City: _____             | State: _____ ZIP: _____     |
| Phone: _____            | Email: _____                |

### POSITION & AVAILABILITY

|                                                                                                                                                                                                                               |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Desired Start Date: _____                                                                                                                                                                                                     | Desired Pay Rate / Salary: \$_____ |
| Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either                                                                                                     | Hours Available per Week: _____    |
| Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat<br><input type="checkbox"/> Sun |                                    |
| Available for evenings, weekends or emergency callouts if required? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  |                                    |
| Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |                                    |
| If no, please explain: _____                                                                                                                                                                                                  |                                    |

### BOROUGH EMPLOYMENT RELATIONSHIPS

|                                                                                                                                                                                                  |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Do you have any relatives or personal friends who currently work for Rankin Borough or serve as Borough elected or appointed officials? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| If yes, please provide their name(s), position(s), and your relationship to them:                                                                                                                |                 |
| Name: _____                                                                                                                                                                                      | Position: _____ |
| Relationship: _____                                                                                                                                                                              |                 |

### DRIVER'S LICENSE

|                                                                                                             |                       |
|-------------------------------------------------------------------------------------------------------------|-----------------------|
| Do you currently possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |
| Issuing State: _____                                                                                        | License Number: _____ |
| License Class / CDL Endorsements (if applicable): _____                                                     |                       |

### EDUCATION

| School / Institution | Location | Diploma / Degree / Certificate |
|----------------------|----------|--------------------------------|
| High School: _____   | _____    | _____                          |

|                        |       |       |
|------------------------|-------|-------|
| College / Trade: _____ | _____ | _____ |
| Other Training: _____  | _____ | _____ |

Professional licenses, certifications, equipment training or relevant skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List your most recent employers first. Include relevant experience that can be verified.

| EMPLOYER 1                                                                             |                                                                               |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Employer Name: _____                                                                   | Dates Employed: _____                                                         |
| Employer Address: _____ Phone#: _____                                                  |                                                                               |
| Job Title: _____                                                                       | Starting Pay: \$_____ Ending Pay: \$_____                                     |
| Supervisor Name: _____                                                                 | Supervisor Phone / Email: _____                                               |
| Main Duties / Equipment Used: _____                                                    |                                                                               |
| _____                                                                                  |                                                                               |
| Reason for Leaving: _____                                                              | Did you give notice: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                               |

| EMPLOYER 2                                                                             |                                                                               |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Employer Name: _____                                                                   | Dates Employed: _____                                                         |
| Employer Address: _____ Phone#: _____                                                  |                                                                               |
| Job Title: _____                                                                       | Starting Pay: \$_____ Ending Pay: \$_____                                     |
| Supervisor Name: _____                                                                 | Supervisor Phone / Email: Name: _____                                         |
| Main Duties / Equipment Used: _____                                                    |                                                                               |
| _____                                                                                  |                                                                               |
| Reason for Leaving: _____                                                              | Did you give notice: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                               |

| EMPLOYER 3                                                                             |                                                                               |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Employer Name: _____                                                                   | Dates Employed: _____                                                         |
| Employer Address: _____ Phone#: _____                                                  |                                                                               |
| Job Title: _____                                                                       | Starting Pay: \$_____ Ending Pay: \$_____                                     |
| Supervisor Name: _____                                                                 | Supervisor Phone / Email: Name: _____                                         |
| Main Duties / Equipment Used: _____<br>_____                                           |                                                                               |
| Reason for Leaving: _____                                                              | Did you give notice: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                               |

### REFERENCES

Provide **two professional** references who can verify your work experience (not relatives).

| Name                       | Employer / Position/ Relationship                    | Phone / Email                  |
|----------------------------|------------------------------------------------------|--------------------------------|
| <b>Example</b><br>Jane Doe | ABC Store – Dairy Dept. Manager<br>Former Supervisor | 412-123-4567 j.doe@example.com |
| _____                      | _____                                                | _____                          |
| _____                      | _____                                                | _____                          |

# ADDITIONAL INFORMATION & CERTIFICATION

## CRIMINAL HISTORY / PENDING CHARGES

Answer the following questions truthfully. A conviction does not automatically disqualify an applicant. Information will be considered only as permitted by applicable law and in relation to the position.

Have you been convicted of a misdemeanor or felony (excluding matters you are legally permitted not to disclose)?

☐ Yes ☐ No

Are there criminal charges currently pending against you? ☐ Yes ☐ No

If yes, describe the offense or charge, date, jurisdiction and current status or disposition:

## ADDITIONAL QUALIFICATIONS

Describe any additional qualifications relevant to the position applied for:

## EMPLOYMENT BACKGROUND & AVAILABILITY

### EDUCATION & TRAINING

Have you ever been terminated from employment or asked to resign? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

May Rankin Borough contact your current employer? ☐ Yes ☐ No

May Rankin Borough contact your previous employers? ☐ Yes ☐ No

Additional details (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a driver's license or professional license required for your work suspended or revoked? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you available to work overtime when required? ☐ Yes ☐ No

Are you available for emergency callouts when required? ☐ Yes ☐ No

Additional details (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Do you have any outside employment or business interests that could conflict with the duties of the Borough position you are applying for? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## APPLICANT CERTIFICATION, ACKNOWLEDGMENT & SIGNATURE

I certify that all information provided in this application and any accompanying materials is true, accurate, and complete to the best of my knowledge. I understand that any material misrepresentation, falsification, or omission may result in rejection of my application or, if employed, disciplinary action up to and including termination, consistent with applicable law.

I authorize Rankin Borough to verify the employment-related information I have provided, including references, employment history, licenses, and qualifications, as permitted by law and subject to any separate authorizations required.

I understand that submitting this application does not guarantee employment and that this application is not an offer or contract of employment. If hired, my employment with Rankin Borough is at will, meaning that either I or the Borough may end the employment relationship at any time, with or without cause or advance notice, subject to applicable law, any governing collective bargaining agreement, and any duly authorized written employment agreement.

By signing below, I acknowledge that I have read and understand these statements.

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

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

### FOR BOROUGH USE ONLY

|                                                                                                                           |                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Application Received: _____                                                                                               | Reviewed By: _____                                                            |
| Manager Interview Date: _____<br>Personnel Committee Interview Date: _____                                                | References Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hiring Decision: <input type="checkbox"/> Selected <input type="checkbox"/> Not Selected <input type="checkbox"/> Pending | Council Approval Date: _____                                                  |
| Employment Offer Date: _____                                                                                              | Offer Accepted Date: _____<br>Signed Offer Received Date: _____               |
| Approved Pay Rate: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary                               | Position Offered: _____<br>Start Date: _____                                  |