

Borough of Baldwin

3344 Churchview Avenue, Pittsburgh, Pennsylvania 15227, 412-882-9600



APPLICATION FOR EMPLOYMENT

The Borough of Baldwin is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, national origin, ancestry, sex, non-job related disabilities, or age. All the information of this application form is solicited for the purpose of determining the abilities and skill required for proper job placement and to facilitate verification of the information request.

INSTRUCTIONS: This application must be completed in its entirety. Please print in ink, type, or fill out online and print out. If, because of a disability, you need assistance in completing this application form, please notify the Borough Managers office at 412-882-9600. Use page 5 of this form if more space is needed.

Section 1: Position

Police:		Road Dept (Must have CDL):		Admin Staff:		Janitor:		Full Time:	
Other (Describe position)								Part Time:	

Section 2: Personal

1. Full Name:		
First:	Middle:	Last:
2. Other names you have used or been known by (include maiden name and nicknames)		
3. Address where you live		
Number / Street:		Apt / Unit:
City:	State:	Zip Code:
4. Mailing address, if different from above (for example, po box)		
5. Contact numbers		
Home:	Cell:	Work:
6. Contact Email		
7. Social Security Number	8. Drivers License / State	9. Length at Residence

Section 3: Background

10. Have you ever been convicted of a criminal offense involving dishonesty; breach of trust; offenses against children; use, possession, distribution, sale, or manufacture of drugs, violence or threats of violence or use of weapons for which you have not been pardoned or which has not been expunged? NOTE: Criminal convictions are not necessarily a bar to employment; all relevant circumstances will be considered. (IF YOU ANSWER YES, PLEASE EXPLAIN)		
YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
11. Have you ever filed an application for employment with the Borough of Baldwin (If "YES" provide date/position)		
YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
12. Are you a citizen of the United States or authorized to work in the United States	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
13. Are you at least 18 years of age or will you be upon anticipated start date	YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>	
14. If you answered "NO" to question #13, do you have a work permit	YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/>	
15. Are you available to work shifts (Check all that you can work):	Days: <input type="checkbox"/>	Evenings: <input type="checkbox"/> Nights: <input type="checkbox"/> Weekends: <input type="checkbox"/>

Section 4: Education

16. Name and location of last High School attended

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17. Highest Grade Completed

9: 10: 11: 12:

18. Do you have a High School Diploma or GED

YES: NO:

19. Colleges, Universities, Trade or Technical Schools or Apprenticeship Programs

Name	Location	Number of years/months	Degrees/Credits/Certificates

Section 5: Military

20. Did you serve any branch of the military (if YES answer questions 21-22)

YES: NO:

21. Military service details

Branch	Length of Service	Rank at Separation	Reserve Requirements

22. Specialized Training

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Section 6: Employment

23. List all employment for the past ten years, beginning with the current or most recent

23.1	Employer Name			Dates Employed		Job Title
				From:	To:	
	Employer Address (Street number/name, city, state, zip, suite, etc)					
	Supervisors Name / Title				Supervisors Phone Number	
	Description of Duties					
	Reason for Leaving				Hourly Rate/Salary	
					Start:	End:
	Will Supervisor /Employer give a good reference				YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
	If "NO", please explain:					
	Where you ever discharged or asked to resign				YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
If "YES", please explain:						
Where you ever disciplined (written, verbal, suspended, etc)				YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
If "YES", please explain:						
Where you ever counseled or warned about excessive absenteeism				YES: <input type="checkbox"/> NO: <input type="checkbox"/>		
23.2	Employer Name			Dates Employed		Job Title
				From:	To:	
	Employer Address (Street number/name, city, state, zip, suite, etc)					

Supervisors Name / Title		Supervisors Phone Number	
Description of Duties			
Reason for Leaving		Hourly Rate/Salary	
		Start:	End:
Will Supervisor /Employer give a good reference		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If "NO", please explain:			
Where you ever discharged or asked to resign		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If "YES", please explain:			
Where you ever disciplined (written, verbal, suspended, etc)		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If "YES", please explain:			
Where you ever counseled or warned about excessive absenteeism		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
23.3	Employer Name	Dates Employed	Job Title
		From:	To:
Employer Address (Street number/name, city, state, zip, suite, etc)			
Supervisors Name / Title		Supervisors Phone Number	
Description of Duties			
Reason for Leaving		Hourly Rate/Salary	
		Start:	End:
Will Supervisor /Employer give a good reference		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If "NO", please explain:			
Where you ever discharged or asked to resign		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If "YES", please explain:			
Where you ever disciplined (written, verbal, suspended, etc)		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
If "YES", please explain:			
Where you ever counseled or warned about excessive absenteeism		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
23.4	Employer Name	Dates Employed	Job Title
		From:	To:
Employer Address (Street number/name, city, state, zip, suite, etc)			
Supervisors Name / Title		Supervisors Phone Number	
Description of Duties			
Reason for Leaving		Hourly Rate/Salary	
		Start:	End:
Will Supervisor /Employer give a good reference		YES: <input type="checkbox"/>	NO: <input type="checkbox"/>

If "NO", please explain:	
Where you ever discharged or asked to resign	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If "YES", please explain:	
Where you ever disciplined (written, verbal, suspended, etc)	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If "YES", please explain:	
Where you ever counseled or warned about excessive absenteeism	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

Section 7: Other Qualifications

24. Describe the types of equipment you are capable of operating (machines, vehicles, computers, office equipment, etc)

25. List any trade, professional or skills certificates you hold (police must have Act 120, Public Works must have CDL)

26. Summarize special skills, abilities or experiences which qualify you for this position

Section 8: References (Please attach resume if available)

27. Please list three references other than relatives or former employers

Name	Address	Phone	Relationship

Section 9: CERTIFICATION, AUTHORIZATION AND AGREEMENT

I certify that the information supplied by me on this application, and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealment of material fact. I authorize the Borough of Baldwin to investigate the truth of this information and of any other information I may supply during a pre-employment interview. I further authorize any school, employer, person and agency identified by me on this form or in my resume any and all verifying information Baldwin Borough may solicit from it or them.

I hereby release all law enforcement agencies, former employers, all educational institutions and programs and any other person identified by me from liability.

Print Name	Signature	Date

