



City of Williamsport

245 West 4th Street · Williamsport, PA 17701
(570) 327-7500

Human Resources

(570) 327-7571

General Employment Application

Date: _____

Applicant Information

First Name:	Last Name:	Social Security #:
Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	Email:

General Information

Position Applied For:		
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> City Website <input type="checkbox"/> Facebook <input type="checkbox"/> Friend	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other Other:	
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate date:	Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate dates:	Are you a citizen of the United States? <i>(Proof of U.S. citizenship or immigration status will be required if hired.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to undergo a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working here? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list names:	Do you have a valid vehicle operator's license? <i>(Proof of license may be required if hired, dependent upon position.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the U. S Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education Information

	Elementary:	High School:	College:	Graduate/Professional:
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School Name & City:				
Years Completed:				
Diploma or Degree	n/a			
Course of Study:	n/a			

Describe any specialized training, skills or activities you have which are pertinent to this position:

Employment Information

List each job held. Start with your current or most recent job including military service. If you have not worked, include any volunteer activities, but exclude groups that indicate race, color, religion, sex or national origin. If you need additional space, please attach a separate sheet of paper.

Employer Name:	Supervisor Name:	Job Title:
Address:		
City:	State:	Zip:
Phone:		
Start Date:	End Date:	
Reason for Leaving:	Description of Work	
Employer Name:	Supervisor Name:	Job Title:
Address:		
City:	State:	Zip:
Phone:		
Start Date:	End Date:	
Reason for Leaving:	Description of Work	

Employer Name:	Supervisor Name:	Job Title:
Address:		
City:	State:	Zip:
Phone:		
Start Date:	End Date:	
Reason for Leaving:	Description of Work	
Employer Name:	Supervisor Name:	Job Title:
Address:		
City:	State:	Zip:
Phone:		
Start Date:	End Date:	
Reason for Leaving:	Description of Work	
May we contact above employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Summarize any special skills or qualifications acquired from previous employment or experience, which would be applicable to this position:		

Reference Information		
First Name:	Last Name:	
Relationship:		
Address:		
City:	State:	Zip:
Phone:	Alternate Phone:	

First Name:		Last Name:	
Relationship:			
Address:			
City:	State:	Zip:	
Phone:	Alternate Phone:		
First Name:		Last Name:	
Relationship:			
Address:			
City:	State:	Zip:	
Phone:	Alternate Phone:		

Compliance Information

I certify that the information provided herein is true and complete to the best of my knowledge.

I authorize investigation by the City of Williamsport of all information and references contained in this Application for Employment as may be necessary in arriving at a decision concerning my employment. I hereby release the City of Williamsport, its agents and representatives, from any and all liability for such investigation and all previous employers, companies/corporations, organizations, and other persons for cooperating with such investigation. If my position is non-union, I acknowledge and agree that my employment shall be at-will. This means I may terminate my employment at any time, for any reason, and the City of Williamsport may terminate my employment at any time, for any reason whatsoever.

In the event of employment, I understand that any false or misleading information, statements, or representations given in my application or interview(s) will result in my discharge at any time. I also understand that I am required to abide by all policies, procedures, rules, and regulations of the City of Williamsport.

Signature:	
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