



**MILITARY EXPERIENCE**

U.S. Military Branch: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Active Duty Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Training or Specialty: \_\_\_\_\_

*Please Attach DD214, if applicable*

**LICENSES AND PROFESSIONAL CERTIFICATES**

Drivers License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Please list any other licenses or professional certificates including type, issuing authority, date issued, expiration date and certificate/license number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your professional license(s) and/or certificate(s) ever been suspended, revoked or have you been placed on probation?

Yes  No If Yes, please indicate date and reason: \_\_\_\_\_

**GENERAL INFORMATION**

Social Security Number: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor?  Yes  No

If you answered yes to either of the above questions, please fully describe the criminal conviction(s) listing the nature of the offense and the date of occurrence. A conviction may not disqualify you, but a false statement will.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from a job?  Yes  No If yes, please explain fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  Yes  No

**EMPLOYMENT EXPERIENCE**

Please list all previous employment for the past ten (10) years. You may attach a separate sheet of paper, if necessary. Please make sure all attached sheets contain your name at the top of each sheet.

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Employer Address: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Employer Address: \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_  
Supervisor Name & Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Supervisor Name & Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

**REFERENCES**

**PROFESSIONAL REFERENCES:**

Please list at least three (3) supervisors, instructors or other individuals who can evaluate your work performance (do not list friends or relatives):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:**

Please list at least three (3) individuals who you have known for at least three (3) years (do not list relatives):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Please indicate if you authorize a representative of the Bloomsburg Municipal Authority to contact the professional and personal references you have listed above:

Yes  No

The information you provide on this application is subject to verification. Falsification or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?

Yes  No

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that all positions with the Bloomsburg Municipal Authority are Public Sector positions and that my name may be made public through the application and/or hiring process.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

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Applicant Signature

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Submission Date

**Return all applications to:  
Office Manager  
Bloomsburg Municipal Authority  
Town Hall  
Second Floor  
301 East Second Street  
Bloomsburg PA 17815**



**Questions may be directed to: (570) 784-5422**

***COMMITTED TO DIVERSITY AND EQUITY***

The Bloomsburg Municipal Authority is committed to affirmative action by the way of providing equal employment opportunities for all persons without regard to race, religion, gender, age, national origin, sexual orientation, disability or veteran status.