

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: _____

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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Dates of Employment: From: _____ to _____ Position Held: _____
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.

Applicant Signature

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.