



## EMPLOYMENT APPLICATION

*An Equal Opportunity Employer*

**The Municipality of Monroeville exists to protect, support, and enrich the lives and interests of our Community. Our team accomplishes this by providing a full range of excellent government services.**

### READ THE FOLLOWING INSTRUCTIONS CAREFULLY

Please note this application form will not be returned to you. Any false information provided may disqualify you from this position and could impact your eligibility for future employment opportunities with the Municipality of Monroeville.

**Applications must be completely and correctly filled out in ink or typed. Incomplete applications will not be processed.** You must clearly show that the minimum requirements for the position, as detailed on the job posting, are met. You may attach additional documents to this application, if necessary.

\* A cover letter and resume must be included with your application, as detailed in the job posting.

*The Municipality of Monroeville, in conformity with applicable laws, is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, sexual orientation, age, religion (creed), national origin (ancestry), marital status, military status, veteran's status, handicap or disability, and gender identity in any of its activities or operations.*

<b>Position applying for:</b>		
First name:		Last Name:
Please list any other name(s) you have used while employed:		
Home address:		Apartment Number:
City:	State:	Zip:
Email:	Personal Phone Number:	Work Phone Number:

### EMPLOYMENT APPLICATIONS

The Municipality of Monroeville considers applicants based on the qualifications and requirements of a particular position. Your application for employment will be given full consideration. Your employment history and skills are carefully evaluated. We ask that you be as specific as possible when completing the application. Please feel free to add any information you consider to be helpful in our selection of the most qualified applicant. All information is subject to verification.

**Need Assistance?** If you require help completing the application due to a disability, please contact us via email at [hr@monroeville.pa.us](mailto:hr@monroeville.pa.us)

## PERSONAL DATA

Are you at least 18 years old?

☐ Yes ☐ No

If no, do you have a work permit?

☐ Yes ☐ No

Are you legally permitted to work in the United States?

☐ Yes ☐ No

Are you currently, or were you previously, employed by the Municipality of Monroeville?

☐ Yes ☐ No \*If yes, Position Title:

Department:

Are you currently employed by any other governmental unit, such as another municipality, school district, housing authority, etc.?

☐ Yes ☐ No

Are your employment, education, or military records under another name?

☐ Yes ☐ No \*If yes, please give complete name:

Do you have a current and valid PA Driver's License?

☐ Yes ☐ No # \_\_\_\_\_

In case of emergency, please contact:

Name:

Telephone:

May we contact your current employer?

☐ Yes ☐ No

If no, please identify someone, familiar with your job performance with your current employer, whom we may contact:

Name:

Email:

Phone Number:

Are you available to work:

Evenings?

☐ Yes ☐ No

Nights?

☐ Yes ☐ No

Weekends?

☐ Yes ☐ No

## EDUCATION

	SCHOOL NAME & LOCATION	DEGREE	DATE OBTAINED
High School			
College or University			
College or University			
Technical, Trade, Professional, Military			
Business School(s)			
Licenses/Certificates			
Other			

## SKILLS

Computer Skills/Software Knowledge:

Other Office or Miscellaneous Equipment:

What knowledge, special skills, and/or individual capabilities do you have which prepare you for the position you are currently applying for? Please include any trade, professional or skills certificates you hold that have not already been mentioned. Please also include any professional memberships, organized group involvement, and board memberships you may have.

## EMPLOYMENT HISTORY

*Please list your current and previous employers, beginning with your most recent employer. Volunteer and unpaid services (like an internship) are also acceptable.*

1.) Employer:

Start Date:

End Date:

Full Address:

Beginning Salary/Hourly:

Final Salary/Hourly:

Supervisor's Name:

Can we contact them?

Phone Number:

Email:

Job title(s) and duties (Please include specific skills that would align with the job position you are applying for.):

Reason for leaving:

Will this supervisor give you a good reference?

☐ Yes ☐ No

If no, please explain:

Were you ever:

Discharged or asked to resign by this employer?

☐ Yes ☐ No

Disciplined by this employer? (with a written warning, suspension, denial of a pay increase, etc.)

☐ Yes ☐ No

Counseled or warned about excessive absenteeism or tardiness by this employer?

☐ Yes ☐ No

If yes to any of the above, please explain:

2.) Employer:	Start Date:	End Date:
Full Address:		
Beginning Salary/Hourly:	Final Salary/Hourly:	
Supervisor's Name:	Can we contact them?	
Phone Number:	Email:	
Job title(s) and duties (Please include specific skills that would align with the job position you are applying for.):		
Reason for leaving:		
<p>Will this supervisor give you a good reference?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>		
<p>Were you ever:</p> <p>Discharged or asked to resign by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Disciplined by this employer? (with a written warning, suspension, denial of a pay increase, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Counseled or warned about excessive absenteeism or tardiness by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to any of the above, please explain:</p>		
3.) Employer:	Start Date:	End Date:
Full Address:		

<b>Beginning Salary/Hourly:</b>	<b>Final Salary/Hourly:</b>
<b>Supervisor's Name:</b>	<b>Can we contact them?</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Job title(s) and duties (Please include specific skills that would align with the job position you are applying for.):</b>	
<b>Reason for leaving:</b>	
<b>Will this supervisor give you a good reference?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, please explain:</b>  <b>Were you ever:</b> Discharged or asked to resign by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Disciplined by this employer? (with a written warning, suspension, denial of a pay increase, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Counseled or warned about excessive absenteeism or tardiness by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes to any of the above, please explain:</b>	

<b>4.) Employer:</b>	<b>Start Date:</b>	<b>End Date:</b>
<b>Full Address:</b>		
<b>Beginning Salary/Hourly:</b>	<b>Final Salary/Hourly:</b>	
<b>Supervisor's Name:</b>	<b>Can we contact them?</b>	
<b>Phone Number:</b>	<b>Email:</b>	

Job title(s) and duties (Please include specific skills that would align with the job position you are applying for.):

Reason for leaving:

Will this supervisor give you a good reference?

☐ Yes ☐ No

If no, please explain:

Were you ever:

Discharged or asked to resign by this employer?

☐ Yes ☐ No

Disciplined by this employer? (with a written warning, suspension, denial of a pay increase, etc.)

☐ Yes ☐ No

Counseled or warned about excessive absenteeism or tardiness by this employer?

☐ Yes ☐ No

If yes to any of the above, please explain:

### MILITARY EXPERIENCE

Branch of Service:

Length of Service:

Rank at Separation:

Reserve Requirements:

Specialized Training:

Discharge Status: ☐ Honorable ☐ Dishonorable ☐ Medical ☐ Other (Specify)

### Background

NOTE: Criminal convictions are not necessarily a bar to employment; all relevant circumstances will be considered.

POLICE OFFICER APPLICANTS ONLY: Have you ever been convicted of a crime other than a traffic violation?

☐ Yes ☐ No

If yes, please explain:

ALL OTHER APPLICANTS:

Have you ever been convicted of a criminal offense involving dishonesty; breach of trust; offenses against children; use, possession, 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?

☐ Yes ☐ No

If yes, please explain:

REFERENCES			
Please list at least three references, other than former employers already mentioned or relatives.			
Name	Email	Phone Number	Relationship

"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete, and does not contain any falsifications, omissions, or concealments of material fact. I authorize Monroeville to investigate the truth of this information and of any other information I may supply during a pre-employment interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information Monroeville may solicit from it or them. I authorize Monroeville to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, Monroeville will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs, their representatives and agents, and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Monroeville.

I understand and agree that Monroeville's acceptance of this employment application does not constitute any promise, express or implied, that I will be hired. I further understand that Monroeville does not guarantee anyone employment for any specific length of time. I therefore agree that, if I am hired, my employment may be terminated by either me or by Monroeville at any time without notice or cause.

I further understand and agree that any offer of employment Monroeville may make to me (and, if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent on my taking and passing a pre-employment substance abuse screen and a pre-employment health examination. I understand that failure to pass required substance abuse screens or health examinations may result in withdraw of employment offer. In addition, I understand and agree that any changes to the information on my application, which may occur during employment, will be reported by me within 48 hours to the Municipality.

I certify that I am not a party to any contract or other obligation which would limit, interfere with, or restrict my ability to work for Monroeville in any way.

I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please save the completed signed PDF form to your computer. Then, email the PDF attachment along with any other required documents listed in the job posting to [hr@monroeville.pa.us](mailto:hr@monroeville.pa.us) Thank you for submitting your application and for your interest in a career with the Municipality of Monroeville.**

2700 Monroeville Blvd.

Monroeville, PA 15146

(412) 856-1000

For more information, visit our web site: [www.monroeville.pa.us](http://www.monroeville.pa.us)