

City of Pottsville
401 North Centre Street
Pottsville, PA 17901

Position(s) Applying for _____

Date _____
(Please Print All Information)

Employment Application

Name _____

Address _____ How long? _____ (years)

City _____ State _____ Zip Code _____

Telephone _____ Age _____ Birth Date _____

Social Security # _____ Driver's License # _____

Do you have access to a vehicle? _____ Do you have First Aid Certification? _____

School District you live in _____

Have you ever pled and/or been found guilty of a Summary or Criminal offense? _____

In case of an emergency notify _____ Phone # _____

High School _____ Years _____

Other (College etc.) _____

Do you intend to take vacation _____ List Dates _____

Previous Employment

Firm Name & Address	From - To	Type of Work Done	Rate	Reason for Leaving
---------------------	-----------	-------------------	------	--------------------

(If more space is needed, please use the back of this form)

I represent all of the information on this application to be true and understand that any misrepresentation or concealment of fact may result in immediate dismissal.

Applicant's Signature

**Please list the names and dates of all relevant certifications on the reverse side of application.

**The City of Pottsville is an Equal Opportunity Employer

