

RECORD OF PREVIOUS EMPLOYMENT

(PROVIDE INFORMATION ON THE PREVIOUS 10 YEARS OF EMPLOYMENT. INCLUDE MILITARY SERVICE)

PRESENT OR MOST RECENT EMPLOYER		POSITION HELD	
NAME		From	
		To	
STREET ADDRESS			
CITY, STATE, ZIP			
SUPERVISOR		Ending Salary	Reason for leaving
TELEPHONE NUMBER			

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE SEEKING EMPLOYMENT ELSEWHERE? YES NO

PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME		From	
		To	
STREET ADDRESS			
CITY, STATE, ZIP			
SUPERVISOR		Ending Salary	Reason for leaving
TELEPHONE NUMBER			

NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME		From	
		To	
STREET ADDRESS			
CITY, STATE, ZIP			
SUPERVISOR		Ending Salary	Reason for leaving
TELEPHONE NUMBER			

NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME		From	
		To	
STREET ADDRESS			
CITY, STATE, ZIP			
SUPERVISOR		Ending Salary	Reason for leaving
TELEPHONE NUMBER			

NEXT PREVIOUS EMPLOYER	MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME	From	
	To	
STREET ADDRESS		
CITY, STATE, ZIP	Ending Salary	Reason for leaving
SUPERVISOR	TELEPHONE NUMBER	

If you are applying for an administrative support position, indicate:	
Typing speed:	Computer operation: ___yes ___no Kind:
Shorthand speed:	Microsoft word: ___yes ___no
Dictaphone ___yes ___no	Microsoft Access: ___yes ___no
	Microsoft Excel: ___yes ___no

List specialized training courses or on-the-job training you have received:			
What type?	Who provided training?	Dates?	Location?

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, during any interviews, can be justification of refusal of employment, or, if employed, discharge from employment. I authorize the employer to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of an original.

Date

Applicant's signature

cc: Employee Personnel File

**SUBMIT APPLICATION TO:
BOROUGH OF HAMBURG
61 N. 3RD STREET
HAMBURG, PA 19526
610-562-7821**

PARK/POOL POSITIONS:

POSITION(S) APPLIED FOR: CHECK ONE OR IF APPLYING FOR MORE THAN ONE, INDICATE 1ST, 2ND OR 3RD.

_____ **PARK/POOL DIRECTOR** _____ **FOOD STAND HELPER**

_____ **PLAYGROUND LEADER** _____ **LIFEGUARD**

_____ **OTHER**

Please circle all that apply and fill in expiration date.

Do you have a Life Guard Training Certificate? Y or N Date Expires _____

Do you have an Adult CPR Certificate? Y or N Date Expires _____

Do you have an Infant & Child CPR Certificate? Y or N Date Expires _____

Do you have a Standard First Aid Card? Y or N Date Expires _____