CITY OF CHESTER
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT ALL INFORMATION)

LAST NAME | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NO.

ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NO.

PERMANENT ADDRESS IF DIFFERENT THAN ABOVE

ARE YOU 18 OR OVER
____Yes ____No

CITY RESIDENCY REQUIRED, IF NOT A CHESTER RESIDENT
ARE YOU WILLING TO MOVE INTO THE CITY WITHIN 90 DAYS? ____Yes ____No

POSITION DESIRED

U.S CITIZEN
___Yes ___No

IF NOT ARE YOU IN THE U.S ON A VISA THAT PROHIBITS YOU FROM WORKING ____Yes ____No

EDUCATION — LIST THE SCHOOLS ATTENDED

TYPE	CIRCLE HIGHEST GRADE COMPLETED	NAME OF INSTITUTION	CITY/STATE	COURSE/DEGREE
HIGH SCHOOL	1 2 3 4			
COLLEGE/UNIV	1 2 3 4 5			
BUSINESS SCHOOL	1 2 3 4 5			
TRADE SCHOOL	1 2 3 4 5			
OTHER				

MILITARY RECORD | BRANCH | SPECIALITY TRAINING

HONORABLY DISCHARGED
____Yes ____No

DO YOU HAVE A VALID DRIVER'S LICENSE ____Yes ____No IN WHICH STATE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (a conviction will not necessarily preclude you from being employed).
IF YES, GIVE DETAILS

ARE YOU AVAILABLE FOR EMPLOYMENT NOW? _____ IF NOT, WHEN? _____ ARE YOU WILLING TO WORK ANY SHIFT? _____Yes _____No

LIST RELEVANT LICENSES, CERTIFICATES, REGISTRATIONS OR MEMERSHIPS YOU HOLD:

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF CHESTER, PA? ____Yes ____No IF SO, WHEN? _____

HAVE YOU EVER WORKED OR BEEN EDUCATED UNDER A DIFFERENT NAME? ____Yes ____No
IF YES, GIVE FULL NAME USED _____

(Emp. Appl. Rev. 1-27-97)

PERSONAL REFERENCES

LIST THREE (3) REFERENCES. DO NOT GIVE RELATIVES OR FORMER EMPLOYERS/EMPLOYEES.

NAME ADDRESS OCCUPATION TELEPHONE NO.

_____

_____

_____

LIST ALL PAST EMPLOYMENT – BEGIN WITH PRESENT POSITION AND WORK BACK

TO FROM EMPLOYER'S NAME & ADDRESS SUPERVISOR'S NAME SALARY/WAGE

_____

JOB TITLE Reason for Leaving May We Contact Your Present Employer Before You Leave That Employment ____Yes ____No

_____

Description of Duties,

_____

TO FROM EMPLOYER'S NAME & ADDRESS SUPERVISOR'S NAME SALARY/WAGE

_____

JOB TITLE Reason for Leaving May We Contact Your Present Employer Before You Leave That Employment ____Yes ____No

_____

Description of Duties,

_____

TO FROM EMPLOYER'S NAME & ADDRESS SUPERVISOR'S NAME SALARY/WAGE

_____

JOB TITLE Reason for Leaving May We Contact Your Present Employer Before You Leave That Employment ____Yes ____No

_____

Description of Duties,

_____

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate dismissal if employed. I also understand any and all statements made by me in this application will be investigated and you have my permission to do so.

Signed _____ Date_____

NOTICE TO APPLICANTS AND EMPLOYEES
Screening tests for illegal drug use may be required before hiring and during your employment here.

(Emp. Appl. Rev. 1-27-97)