

**MILLERSVILLE BOROUGH**  
**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

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100 Municipal Drive, Millersville, PA 17551-1424 (717) 872-4645 Fax (717) 872-1895

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Name:                      Last    First    Middle initial

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Present Address (Street, City, State, Zip)

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Telephone:                      Day    Evening    Cell

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Social Security Number: \_\_\_\_\_

Position or Type of Work Applying for: \_\_\_\_\_

Please check preferred status:

\_\_\_\_ Full-time    \_\_\_\_ Part-time    \_\_\_\_ Seasonal    \_\_\_\_ No preference    \_\_\_\_ Other: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

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Are you over the age of 18?    \_\_\_\_ Yes    \_\_\_\_ No    If no, state your age: \_\_\_\_\_

Are you willing to work overtime if necessary:    \_\_\_\_ Yes    \_\_\_\_ No

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodation?    \_\_\_\_ Yes    \_\_\_\_ No

Have you ever been convicted of a crime? \*    \_\_\_\_ Yes    \_\_\_\_ No    If yes, state the nature of the offense, when, where and disposition. (Use attached sheet titled "Additional Information")

\*A conviction record will not necessarily be a bar to employment. This information will only be used for job related purposes and only to the extent permitted by applicable law.

Do you have the legal right to work in the United States?    \_\_\_\_ Yes    \_\_\_\_ No

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**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces:    \_\_\_\_ Yes    \_\_\_\_ No    If yes, list your duties, including any special training that is relevant to the position for which you have applied. (Use attached sheet titled "Additional Information" if needed.)

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**PRIOR WORK HISTORY (List in order, last or current employer first.)**

Dates From – To	Name, Address and Telephone Number of Employer	Rate of Pay	Supervisors Name/Title
Reason for leaving:			
Primary duties:			

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Reason for leaving:			
Primary duties:			

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Reason for leaving:			
Primary duties:			

**RECORD OF EDUCATION**

Type of School	Name and Address of School	Course of Study	Number of Years	Degree or Diploma Received

**PERSONAL REFERENCES (excluding relatives)**

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1. Name:

Occupation:

Length of time you have known person:

Address: Telephone Number:

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2. Name:

Occupation:

Length of time you have known person:

Address: Telephone Number:

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3. Name:

Occupation:

Length of time you have known person:

Address: Telephone Number:

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