



100 Municipal Drive  
Millersville, PA 17551  
[www.millersvilleborough.org](http://www.millersvilleborough.org)  
Phone 717-872-4645  
Fax 717-872-1895



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

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**Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle initial** \_\_\_\_\_

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**Present Address (Street, City, State, Zip)** \_\_\_\_\_

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**Email:** \_\_\_\_\_ **Telephone: Day** \_\_\_\_\_ **Evening** \_\_\_\_\_ **Cell** \_\_\_\_\_

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**Social Security Number** \_\_\_\_\_ **Driver's License Number** \_\_\_\_\_

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

**Please check preferred status:** Full-time  Part-time  Other

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

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

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**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:			

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**RECORD OF EDUCATION**

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

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**PERSONAL REFERENCES (excluding relatives)**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Length of time you have known person: \_\_\_\_\_

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2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Length of time you have known person: \_\_\_\_\_

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3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Length of time you have known person: \_\_\_\_\_

