

CONYNGHAM BOROUGH EMPLOYMENT APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

LAST NAME _____

FIRST NAME _____

MIDDLE INITIAL _____

STREET ADDRESS _____

PO BOX _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

EMAIL _____

CELL PHONE NUMBER _____

ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____

EMPLOYEMENT DESIRED

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____

WHERE? _____

WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETICS, ETC) EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBER _____

US MILITARY OR NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY

NAME _____ ADDRESS _____ PHONE NO. _____

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRED YES NO POSITION _____ DEPT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED : _____

IF HIRED

EVERYONE UNDER 18 YEARS OF AGE NEEDS WORKING PAPERS

All employees having direct contact with children must have child abuse clearances and training.

If you already have your clearances and they are not more than 60 months old, you need not apply again. Please provide a copy to the office.

Clearances needed for the new child protection laws

Search--Keep Kids Safe-DHS.pa.gov

CLICK- Clearances

Pennsylvania Child Abuse History Clearance. Cost- \$13.00

Pennsylvania State Police Criminal History Clearance. Cost - \$22.00

Federal Bureau of Investigations (FBI) Criminal History Clearance- fingerprinting \$24.95. Must register on line. Service code and identification documents list attached. Fingerprinting done at Leonard's Auto Tag, 996 N. Sherman Court, Hazleton, PA.

Fees must be paid at time of applying. The fee charges will be reimbursed to you by Borough Council at the end of the program.

Once completed and you receive your clearance, please provide the original to the office.

Mandated Reporter Training

Training can be done on line. There is no cost and the training takes 3 hours.

Keep Kids Safe- click training

Choose- The University of Pittsburg's Child Welfare Resources Center

Upon completion of the course, your certificate can be printed. Please provide the original to the office.

If you have already completed this training. Please provide a copy to the office. Any questions, please call the office at 570-788-4385.

Service Name: Employee >=14 Years Contact w/ Children

To Schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

1KG756

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**

Identification Requirements
for Minor Fingerprinting Applicants

If a minor applicant does not have an identification document as listed on their Service Code form, at the time of the fingerprinting appointment they must present:

1. The Pennsylvania Photo ID Waiver for Minors

AND

2. One of the following identification documents for the minor

(Check the box for the documentation type presented):

- Original or certified copy of a birth certificate issued by the appropriate State Bureau of Vital Statistics or equivalent agency from a U.S. state, U.S. territory, the District of Columbia, or a Canadian province. A birth record issued by a hospital is not acceptable under this category.
- Original or certified copy of a U.S. Department of State Certification of Birth Abroad issued to U.S. citizens born abroad (Form FS-240, DS-1350, or FS-545).
- Original or certified copy of court order with name and date of birth indicating an official change of name and/or gender from a U.S. state, U.S. territory, the District of Columbia, or Canadian providence.
- Social Security Card (actual card).

PENNSYLVANIA PHOTO ID WAIVER FOR MINORS

Legal Name of Minor (First, Middle, Last)

____/____/_____
DOB (DD/MM/YYYY)

I certify that I am the parent or legal guardian of the above-named child. This child does not have a state-issued photo identification card or other Primary Identity Document.

I confirm that the child present with me is the individual named above.

Must be signed by parent or legal guardian at the time of fingerprinting at the fingerprinting site location. Do not sign the form in advance.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date