

MUNICIPAL BUILDING - 3735 BROWNSVILLE ROAD PITTSBURGH, PA 15227-3199 Office 412-884-1500 FAX 412-884-191

Application for Employment

Applicants must type all responses. All incomplete applications will be discarded. Note: Fillable electronic version of this document may not function properly in all browsers. It is recommended that applicants save a copy of this file to a local drive before entering any responses.

Applicant Information							
Full Name:				Date:			
	Last	First		M.I.			
Address:							
	Street Address				Apartment/Unit #		
	City			State	ZIP Code		
Phone:			Email				
Date Availa	ble:	Social Security No.:		Date of Birth			
				(if under 18)			
Position Ap							
			YES NO				
Are you leg	ally qualified to worl	in the United States?					
Have you pi	eviously worked for	the YES NO					
Borough?			If yes, when?				
How long h	ave you been at prese	ent address?					
_			YES NO				
Do you have License?	e a valid Motor Vehi	cle Operator's					
Do you have for?	e any condition that i	may affect your perform	nance on the job appli	YES	NO		
If yes, pleas	e explain						



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Education							
High School:			Address:				
Did you graduate?	YES	NO	Diploma:				
College:			Address:				
Did you graduate?	YES	NO	Degree:				
College:			Address:				
Did you graduate?	YES	NO	Degree:				
Other:			Address:				
Did you graduate?	YES	NO					
			Military S	ervice			
Branch:					From:	To:	
Rank at Discharge:				Гуре of Disc	harge:		
If other than honorable, expla	nin:						



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Employment History Beginning with your most recent position, please list all previous employers. You may add additional sheets if necessary. Company: Phone: Address: Supervisor: Starting **Ending** Job Title: Salary: \$ Salary: Responsibilities: To: Reason for Leaving: From: May we contact your previous supervisor for a YES NO reference? Company: Phone: Supervisor: Address: Starting **Ending** Salary: \$ Job Title: Salary: Responsibilities: To: Reason for Leaving: From: YES May we contact your previous supervisor for a NO reference?



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Company:					Phone:	
Address:					Supervisor:	
Job Title:		tarting alary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To:		Reason for L	eaving:_		
May we contact you reference?	r previous supervisor for a		YES	NO		
		Ref	ferences			
Please list three pro j	fessional references.					
Full Name:					Relationship:	
Address:						
Full Name:					Relationship:	
~						
Addross.						
Full Name:					Relationship:	
~						
Address:						
	Disc	claime	r and Signat	ure		
I certify that my ans	wers are true and complete	e to the	best of my kno	owledge.		
I am aware that I ma	ay be drug tested for emplo	yment _l	purposes.			
If this application lea interview may result	ads to employment, I under in my release.	rstand ti	hat false or mi	sleading	information in	my application or
Signature:					Date:	