Come Grow with Us!

THE BOROUGH OF WHITE OAK EMPLOYMENT APPLICATION

We are an equal opportunity employer and shall consider qualified applicants without regard to race, color, sex, age, religion, national origin, marital status, disability, or any other basis prohibited by law. We always reserve the right to hire the most qualified individual fill any job opening at any point in time. Because our employment needs change from time-to-time, your application may not be kept active for more than 1 year. Therefore, you are welcome to reapply for any position at any time. In order for you to be considered for employment, this application must be completed in its ENTIRETY. Resumes, though certainly welcome, should not be submitted in lieu of information requested below.

Last Name	First Name	MI	Today's Date:

Present Address: Street	City	State	Zip

Permanent Address (if different than above): Street	City	State	Zip

Social Security Number	Area Code/Phone (if none, give neighbors):	How were you referred?

For what position(s) are you applying?	Date available for employment:

Are you able to work:

Evenings? ☐ yes ☐ no

Weekdays? ☐ yes ☐ no

Weekends? ☐ yes ☐ no

Are you presently or have you even been employed by White Oak Borough?

☐ yes ☐ no

If yes, give location names and dates employed.

Do you have reliable transportation to and from work? ☐ yes ☐ no

Have you even pleaded to or been convicted of any crime other than a summary traffic violation? (Convictions will not necessarily exclude you from employment, but date and type of conviction will be considered for job placement.)

☐ yes ☐ no

If yes, give details:

MINORS – This section to be completed ONLY if under age 18:

Age if under 18:	Birth Date if under 18: Mo./Day/Yr	Time dismissed from school:	Do you have permission from your parents to work?	Do you have School District working papers from a previous employer?
			☐ yes ☐ no	☐ yes ☐ no

CASHIER – This section to be completed if applying for a Cashier's position:

What change would a customer receive if the bill was $3.25 and they gave $5.01 as payment?	What change would a customer receive if the bill was $6.98 and you received $10.08 as payment?

If a bill total is $10.85 and the customer gives you a $20.00 and asks for $2.00 worth of quarters in their change, what change would the customer receive? (In denominations – nickels, $1. bills, etc.)

EDUCATION

Type of School	Name and Location	Course	Circle Last Year Completed	Diploma or Type of Degree	Grade Average
High School			9 10 11 12	Diploma or GED? ☐ yes ☐ no	
College			1 2 3 4		
Special					

WORK EXPERIENCE

* All information must be supplied on this application *

Present or most recent employer	From: Mo./Yr.	To: Mo./Yr.	Average Hrs. Worked Per Week:
Street Address			Job Description:
City, State, Zip	Pay Rate Per Hour Start:		
May we contact at this time? ☐ Yes ☐ No	Area Code/Phone: ( ) -		Names & Titles of Immediate Supervisors:
Job Title - Start	Pay Rate Current or Upon Termination:		Reason for leaving:
Job Title - Current or Upon Termination			

Previous employer	From: Mo./Yr.	To: Mo./Yr.	Average Hrs. Worked Per Week:
Street Address			Job Description:
City, State, Zip	Pay Rate Per Hour Start:		
May we contact at this time? ☐ Yes ☐ No	Area Code/Phone: ( ) -		Names & Titles of Immediate Supervisors:
Job Title - Start	Pay Rate Upon Termination:		Reason for leaving:
Job Title - Upon Termination			

Previous employer	From: Mo./Yr.	To: Mo./Yr.	Average Hrs. Worked Per Week:
Street Address			Job Description:
City, State, Zip	Pay Rate Per Hour Start:		
May we contact at this time? ☐ Yes ☐ No	Area Code/Phone: ( ) -		Names & Titles of Immediate Supervisors:
Job Title - Start	Pay Rate Upon Termination:		Reason for leaving:
Job Title - Upon Termination			

LIST COMPANY NAMES OF ***ALL*** OTHER EMPLOERS NOT LISTED ABOVE:_____

_____

AUTHORIZATION AND UNDERSTANDING: Before you sign this application, please read each paragraph below, and initial the line provided to the right to state that you have read and understand its contents

Initial each line below.

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I agree that any false information or any information omitted on my application may subject me to discharge at any time during the period of my employment. INITIAL LINE AT RIGHT → → → _____

I authorize you to verify any of the information concerning my previous employment, social security number, and criminal background with the appropriate individuals, companies, institutions or agencies, and I authorize them to release all information as you require, including my prior disciplinary employment records, without any obligation to give me written notice. I also authorize you to release any information requested by any of my prospective or previous employers without any obligation to give me written notice. I hereby release you and them from any liability whatsoever as a result of any inquiries and disclosures. INITIAL LINE AT RIGHT → → → → → → → → → → → → → → → _____

If hired, I agree that I shall be bound by the rules, policies and conditions of employment of theBorough as they are from Time-to-time changed with our without m\notice t me INITIAL LINE AT RIGHT → → → → → → → → → → → → _____

I understand that this employment application or any other company document is not a contract of employment, and any individual who is hired is an "at-will" employee of the company and may voluntarily leave employment at any time and may be discharged by WOB at any time with or without cause. INITIAL LINE AT RIGHT → → → → → → → → → → → _____

I understand that as a condition of my continued employment with the company, I may be asked to submit to a **DRUG-SCREENING TEST** at any time during the course of my employment, with or without prior notice to me. INITIAL LINE AT RIGHT → → _____

It is the policy of WOB to hire only those who are lawfully authorized to work in the United States. All potential employees will Be asked to verify employment eligibility prior to beginning work. INITIAL LINE AT RIGHT → → → → → → → → → _____

Signature of Applicant	Date