



DEPARTMENT OF HUMAN RESOURCES

City Hall | 340 North Washington Avenue | Scranton, PA 18503 | 570.348.4246

City of Scranton Employment Application

The City of Scranton is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, citizenship status, religion, creed, national or ethnic origin, sex, gender identity, sexual orientation, age, physical or mental disability, veteran's status, or genetic information.

Position Applied For	Date of Application
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How did you learn about us?		
<input type="checkbox"/> City Website	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other _____
<input type="checkbox"/> Current Employee	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current employee
<input type="checkbox"/> Internet Job Board (specify: _____)		

Personal Information: *Incomplete information could disqualify you from further consideration*

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Email Address			
Telephone Number (Home)		Telephone Number (Mobile)	

Driver's License number if driving may be required in the job for which you are applying: _____ State: _____
CDL License number required if a CDL may be required in the job for which you are applying: _____ State: _____

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? If yes, give date: _____ Yes No
- Have you ever been employed with us before? If yes, give dates: _____ Yes No
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you legally eligible for employment in the United States? Yes No
- Proof of eligibility to work will be required upon employment.*

Can you travel if a job requires it?

Yes No

Have you been convicted of a felony or misdemeanor within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment.

Yes No

If Yes, please explain _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary

Wage/Salary Desired: _____

EDUCATION

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4 +
Diploma/Degree			
Course of Study			

Describe any current/active professional certifications you have received; any specialized training, skills, apprenticeships, and extra-curricular activities; and/or honors you have received.	
State any additional information you feel may be helpful to us in considering your application.	

<input type="checkbox"/> Microsoft Office Suite	<input type="checkbox"/> Internet
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Google Docs
<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Community Plus
<input type="checkbox"/> Outlook E-Mail	<input type="checkbox"/> Finance Plus

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, handicap or other protected status.

REFERENCES

Give name, e-mail address and telephone number of three references who are not related to you and are not previous employers. Must include at least one (1) professional reference and one (1) personal reference.

1. _____
2. _____
3. _____

Have you had any job-related training in the U.S. Military? Yes No

If Yes, please describe _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

#1 - Employer	Dates Employed		Work Performed
	To	From	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

#2 - Employer	Dates Employed		Work Performed
	To	From	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

#3 - Employer	Dates Employed	Work Performed
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	To	From	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S STATEMENT

READ CAREFULLY BEFORE SIGNING. IF YOU ARE HIRED, THE FOLLOWING BECOMES PART OF YOUR OFFICIAL EMPLOYMENT RECORD AND PERSONNEL FILE.

I certify that the information contained herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained on this Application for Employment. I hereby authorize The City of Scranton to contact the references listed above, unless otherwise noted. I hereby release the City of Scranton from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on the information contained in this Application.

This Application shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this time period, I understand that I should inquire as to whether or not applications are being accepted at that time.

I understand that all information appearing on this application is subject to verification, and any false or misleading information may result in refusal to hire or, if already hired, the immediate termination of employment. I also understand that I am required to abide by all rules and regulations of The City of Scranton. I further understand that neither The City of Scranton's employment policies nor anything said during the interview process shall constitute a contract of employment for any fixed duration. I understand that any employment that may be offered to me by The City of Scranton will be at-will, unless I am covered by the terms of a collective bargaining agreement that contains other terms and conditions of employment.

Signature of Applicant

Date