

BOROUGH OF OAKMONT

EMPLOYMENT APPLICATION

NAME (FIRST, MIDDLE, LAST) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS			DATE OF BIRTH	PLACE OF BIRTH (CITY, COUNTY, STATE)	DATE APPLICATION RECEIVED
PRESENT ADDRESS (STREET NO., CITY, STATE, ZIP CODE)			LEGAL VOTING RESIDENCE		ACTION TAKEN
HOME TELEPHONE		MARITAL STATUS	MUNICIPALITY	WARD DISTRICT	
AGE		HEIGHT	WEIGHT	SPECIFY ANY PHYSICAL DEFECTS	SPECIFY ANY PENSION RECEIVED
POSITION DESIRED		MILITARY STATUS (DRAFT BOARD NO., VETERAN, SPECIFY SERVICE)			RELATIVES EMPLOYED BY Oakmont Borough
HAVE YOU EVER BEEN ARRESTED FOR OTHER THAN TRAFFIC VIOLATIONS? IF YES, SPECIFY ANY CONVICTIONS.					

EDUCATION

PLACE "X" IN COLUMN INDICATING HIGHEST GRADE COMPLETED												IF YOU GRADUATED FROM HIGH SCHOOL, GIVE DATE		NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED		NAME AND LOCATION OF ELEMENTARY SCHOOLS ATTENDED				
1	2	3	4	5	6	7	8	9	10	11	12									
NAME OF COLLEGE OR UNIVERSITY (CITY, STATE)												DATES ATTENDED FROM TO		YEARS COMPLETED DAY NIGHT		GRADUATED YES NO		DEGREE RECEIVED	MAJOR COURSE OF STUDY	
OTHER SCHOOLS OR TRAINING (TRADE, VOCATIONAL, BUSINESS, A R FORCE) GIVE NAME, LOCATION												DATES ATTENDED FROM TO		YEARS COMPLETED DAY NIGHT		SUBJECTS STUDIED		GRADUATED YES NO	CERTIFICATE, LICENSE, ETC. RECEIVED	

SPECIAL QUALIFICATIONS AND SKILLS

KIND OF LICENSE OR CERTIFICATE (PILOT, TEACHER, NURSE, CPA, PLUMBER, ETC.)		STATE OF LICENSING AUTHORITY		YEAR OBTAINED	YEAR OF LATEST LICENSE OR CERTIFICATE AND NO.	APPROXIMATE NO. OF WORDS PER MINUTE TYPING SHORTHAND	
SPECIAL SKILLS OR TRADES YOU POSSESS; MACHINES AND EQUIPMENT YOU CAN USE (FORKLIFT, CARPENTER, KEY PUNCH, ETC.)							

OTHER SPECIAL SKILLS NOT COVERED ABOVE (PUBLIC SPEAKING, PUBLICATIONS, MEMBERSHIP IN PROFESSIONAL SOCIETIES, ETC.) DESCRIBE IN DETAIL

RECORD OF EMPLOYMENT

(BEGIN WITH LAST EMPLOYMENT AND ACCOUNT FOR ENTIRE PERIOD LAST FIVE YEARS; USE ADDITIONAL FORMS IF NECESSARY)

1	NAME OF ORGANIZATION OR FIRM	LOCATION	DATES OF EMPLOYMENT		LAST ANNUAL SALARY	TITLE OF YOUR POSITION	NO. AND KIND OF EMPLOYEES SUPERVISED
			FROM	TO			

REASON FOR LEAVING	DESCRIBE DUTIES
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2	NAME OF ORGANIZATION OR FIRM	LOCATION	DATES OF EMPLOYMENT		LAST ANNUAL SALARY	TITLE OF YOUR POSITION	NO. AND KIND OF EMPLOYEES SUPERVISED
			FROM	TO			

REASON FOR LEAVING	DESCRIBE DUTIES
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3	NAME OF ORGANIZATION OR FIRM	LOCATION	DATES OF EMPLOYMENT		LAST ANNUAL SALARY	TITLE OF YOUR POSITION	NO. AND KIND OF EMPLOYEES SUPERVISED
			FROM	TO			

REASON FOR LEAVING	DESCRIBE DUTIES
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4	NAME OF ORGANIZATION OR FIRM	LOCATION	DATES OF EMPLOYMENT		LAST ANNUAL SALARY	TITLE OF YOUR POSITION	NO. AND KIND OF EMPLOYEES SUPERVISED
			FROM	TO			

REASON FOR LEAVING	DESCRIBE DUTIES
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REFERENCES

LIST NAMES OF TWO PERSONS, NOT RELATED, WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR POSITION APPLIED FOR		
FULL NAME	BUSINESS OR HOME ADDRESS	OCCUPATION OR BUSINESS

CERTIFICATION

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT	DATE
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