



315 Main St. Duryea, PA 18642— Phone: 570-655-2829—Fax: 570-457-4792
Carolyn Santee, Borough Manager Carolyn.santee@duryeaborough.com

DURYEA BOROUGH EMPLOYMENT APPLICATION

PERSONAL INFORMATION: Please print your information in the space provided.

First Name _____ Last Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Social Security #: _____ - _____ - _____ Driver's License # _____ State: _____

Do you have a valid CDL License? _____ Yes _____ No

Emergency Contact: _____

Relationship _____ Phone Number: _____

ADDITIONAL QUESTIONS: Please answer any applicable questions.

What position are you applying for? _____

Where did you hear about this position? _____

Are you available for overtime? _____ Are you available for call in work? _____

Please provide details about your past work history that have prepared you for this position:

Is there anything else that you wish to share with the hiring committee regarding your qualifications for this position?

Duryea BOROUGH

Luzerne County, Pennsylvania

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EMPLOYMENT HISTORY: *Please use a separate sheet for additional employers*

Please provide a list of all past employers starting with the most recent.

Name of Employer: _____ Job Title: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Direct Supervisor: _____ Supervisor Job Title: _____

Phone Number: _____ Email: _____

Name of Employer: _____ Job Title: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Direct Supervisor: _____ Supervisor Job Title: _____

Phone Number: _____ Email: _____

Name of Employer: _____ Job Title: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Direct Supervisor: _____ Supervisor Job Title: _____

Phone Number: _____ Email: _____

Name of Employer: _____ Job Title: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Direct Supervisor: _____ Supervisor Job Title: _____

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PERSONAL REFERENCES: *Please provide a list of at least three (3) references.*

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

EDUCATION: *Please provide a list of all past schools attended (use separate sheet for other schools)*

High School: _____ City/State: _____

Years attended: _____ Graduated? _____ Yes _____ NO (if not answer below)

High School Equivalent (GED)? _____ Yes _____ No

College: _____ City/State: _____

Years attended: _____ Program of Study _____ Graduated? _____ Yes _____ No

By signing below attest that the information is true and not falsified.

Applicant Printed Name

Applicant Signature

Date



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AUTHORIZATION AND RELEASE FORM

I, _____, am an applicant for employment with the Duryea Borough, and I have been advised and understand that as part of my application for employment a thorough background investigation will be conducted by the Duryea Police Department and/or the Borough of Duryea (hereinafter collectively referred to as the "Borough"). I understand and acknowledge that the background investigation, which will gather information from multiple sources, will include a review of my employment history, criminal history, credit history, military service history, education, general reputation, character and other background information. I understand that I must fully comply with this process in order to be considered for employment, and that I may be required to complete additional documents to allow the investigation to be completed.

I hereby authorize any and every individual, organization, agency or entity, including but not limited to my former employers, to provide to the Borough any information, records, documents or data requested by the Borough. I hereby authorize all of my former employers to release and fully disclose all records, in any form, concerning me and my employment, whether those records are of a public, private or confidential nature. I hereby authorize the release of information, records, documents or data regardless of any prior agreement, written or oral, I may have made to the contrary. The intent of this authorization is to permit full and free access to my background information of any and all types for the specific purpose of permitting the Borough to conduct a thorough background investigation, which will allow the Borough to determine my suitability for employment.

I authorize any government agency, its components, offices, employees, contractors, agents, and assignees, to disclose the information, records, documents or data requested by the Borough. I understand this may include any information, records, documents or data contained in any record keeping system maintained by or on behalf of the agency. By signing this Form, I also waive all my rights under the Privacy Act of 1974, which governs information that will be released by federal government agencies.

I, for myself and for my heirs, executors, administrators, personal representatives, successors, and assigns, for and in consideration of the promises made herein, do hereby irrevocably, knowingly and voluntarily waive and release fully and forever any claim, cause of action, loss, expense, or damage of any and every nature whatsoever, known or unknown, against the Borough, its past and present Council Members, elected and appointed officials, officers, directors, agents, insurers, attorneys, managers, employees, and any individual, organization, agency, or entity that provides information, records, documents or data to the Borough pursuant to this authorization, arising from or in any way connected to this Authorization and Release form, the release or use of information, records, documents or data related to me, including without limitation any claims arising or in any way resulting from my application for employment with the Borough. I agree to indemnify and hold harmless any individual, organization, agency or entity to whom a request for information is presented from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.

A copy of this authorization and release form will be valid as an original.

Applicant Printed Name

Applicant Signature

Date