



**Borough of Ambridge  
Application for Employment**

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Information**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Additional Applicant Information**

Are you at least 18 years old?  Yes  No  
Are you authorized to Work in the United States?  Yes  No  
Are you currently employed?  Yes  No  
If yes, date available: \_\_\_\_\_  
May we contact your current employer?  Yes  No

**Education Information**

High School Attended: \_\_\_\_\_  
Did you graduate?  Yes  No  
College Attended: \_\_\_\_\_  
Did you graduate?  Yes  No  
Course of Study: \_\_\_\_\_

**Military Service Information**

Branch of Service: \_\_\_\_\_  
Length of Service: \_\_\_\_\_  
Rank at Separation: \_\_\_\_\_  
Discharge Type: \_\_\_\_\_

**Employment Information**

Dates of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name / Company Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
May we contact?  Yes  No

Dates of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name / Company Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
May we contact?  Yes  No

Dates of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name / Company Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
May we contact?  Yes  No

Dates of Employment: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Supervisor Name / Company Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Duties: \_\_\_\_\_  
May we contact?  Yes  No

**Professional References**

Provide the name and phone number of three professional references.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

**Resume**

As a requirement of some positions, a resume may need to be attached to this employment application.

**Disclaimer and Certification**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The undersigned applicant (or guardian if under 18 years old) hereby authorizes the Borough of Ambridge Police Department to complete a criminal background report on me, including a driver history report, for the purpose of completing this application for employment with the Borough of Ambridge.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Driver License State

\_\_\_\_\_  
Driver License Number