



Mt. Lebanon is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age (40 and over). Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

Instructions: This application must be completed in its entirety. All information is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility, or discharge from the Municipality. Please print in ink or type. If, because of a disability, you need assistance completing this application, please notify the Personnel Officer, (412) 343-3625.

Applicant Information

Position applied for: Full-Time Part-Time

Name: Last First Middle

Address: **City:** **State:** **Zip:**

Length of Residence: **E-mail:**

Cell Phone: () **Home Phone:** ()

Applicants for Full-Time Public Works, Police/Fire Civil Service Only:

Driver's License Number: **State:**

Are you at least 18 years old? Yes No
If no, do you have a work permit? Yes No

At time of hire, will you be able to demonstrate that you are legally authorized to work in the United States? Yes No
(Proof of authorization will be required upon employment.)

Have you ever been employed by Mt. Lebanon? Yes No
Dates: Department: Position:

Do you have relatives working for Mt. Lebanon? Yes No
If yes, state name & relationship

May we contact your current employer? Yes No
If no, please identify someone familiar with your performance for your current employer whom we may contact. Name: Phone Number:

Can you work:

Evenings? Yes No

Nights? Yes No

Weekends? Yes No

Education

Last High School Attended: Name:	Highest grade completed: (circle one)	Do you have a High School Diploma or G.E.D. certificate?
Location:	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

Colleges, universities, trade or technical schools or apprenticeship programs:

Name	Location	Number of years/months attended	Degree, credits, certificates or licenses earned

Military

Branch of Service:	Length of Service:	Rank at Separation:

Specialized Training:

Other Qualifications

Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.).	List any trade, professional or skills certificates you hold.

Summarize special skills, abilities or experiences which qualify you for this position.

Background

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, explain:

NOTE: Criminal convictions are not necessarily a bar to employment; all relevant circumstances will be considered.

Employment History

List all employment for the past ten years, beginning with current or most recent position.

Employer:

Address:

City:

State:

ZIP:

Supervisor's Name:

Supervisor's Phone Number:

Position:

How long? From: ___ Mo. ___ Yr. To: ___ Mo. ___ Yr.

Description of Duties:

Reason for Leaving:

Hourly Rate/Salary: Starting:

Ending:

Will this supervisor/employer give a good job reference?

Yes No

If no, explain

Were you:

Discharged or asked to resign by this employer?

Yes No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?

Yes No

Ever counseled or warned about excessive absenteeism or tardiness by this employer?

Yes No

If yes to any of the above, please explain

Employer:

Address:

City:

State:

ZIP:

Supervisor's Name:

Supervisor's Phone Number:

Position:

How long? From: ___ Mo. ___ Yr. To: ___ Mo. ___ Yr.

Description of Duties:

Reason for Leaving:

Hourly Rate/Salary: Starting:

Ending:

Will this supervisor/employer give a good job reference?

Yes No

If no, explain

Were you:

Discharged or asked to resign by this employer?

Yes No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?

Yes No

Ever counseled or warned about excessive absenteeism or tardiness by this employer?

Yes No

If yes to any of the above, please explain

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

MT. LEBANON IS AN EQUAL OPPORTUNITY EMPLOYER

References

Please list three references other than former employers or relatives

Name/Address:	Phone Number:	Relationship:

Please attach a resumé, if available.

Certification, Authorization and Agreement

"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize Mt. Lebanon to investigate the truth of this information and of any other information I may supply during a pre-employment interview, I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information Mt. Lebanon may solicit from it or them. I further authorize Mt. Lebanon to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, Mt. Lebanon will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs, their representatives and agents, and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Mt. Lebanon.

I understand and agree that Mt. Lebanon's acceptance of this employment application does not constitute any promise, express or implied, that I will be hired. I further understand that Mt. Lebanon does not guarantee anyone employment for any specific length of time. I therefore agree that, if I am hired, my employment may be terminated by either me or by Mt. Lebanon at any time without notice or cause, unless changed by a written agreement signed by a duly authorized representative of Mt. Lebanon.

I further understand and agree that any offer of employment Mt. Lebanon may make to me (and, if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent on my passing a pre-employment substance abuse screen and a pre-employment health examination if requested. I understand that failure to pass required substance abuse screens or health examinations may result in withdraw of offer.

I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for Mt. Lebanon in any way.

I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."

Signature of Applicant:	Date:
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Mt. Lebanon PA
710 Washington Road
Pittsburgh, PA 15228
(412) 343-3400

Revised 5/26/2014

Mt. Lebanon, Pennsylvania Background Report Request

The following section must be entirely completed. Any information omitted will result in the return of the application to the requesting department.

APPLICANT: ASK FOR INSTRUCTIONS ON WHERE TO RETURN THIS FORM

Date: _____

Last Name: _____

Middle Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Date of Birth: ____/____/____

Social Security #: _____-_____-____

Driver's License #: _____ State: _____

Will applicant submit to a background Investigation? (____) Yes (____) No

Signature of Applicant

The following section is to be completed by Department Supervisor. Incomplete application/request will be returned to Department Supervisor.

Requested by:

Communications 911
Fire
Rec Center
Traffic

DPW
Library
Rec Department
Other _____

Finance
Magazine
Tax

Supervisor: _____

Phone: _____

_____ Level One*

_____ Level Two*

_____ Level Three

- All Level One and Level Two backgrounds MUST include a copy of the original application.
- Please submit this form to the Investigative Services Unit, Mt. Lebanon Police Department.

This section completed by MLPD/ISU:

Checked by Detective _____ Investigative Services Unit, Mt. Lebanon Police Department

ALERT: Results _____
AC Crim: Results _____
Meghan's Law: Results _____
DL: Results _____

**DISCLOSURE REGARDING CONSUMER REPORTS AND
AUTHORIZATION TO PROCURE SAME**

Pursuant to the Consumer Credit Reporting Act, as amended by the Consumer Credit Reform Act of 1966 ("CCRA"), an employer may obtain from a consumer reporting agency a copy of an employee's or an applicant's consumer report. A consumer report, as defined by the CCRA, means any written, oral or other communication of any information by the consumer reporting agency bearing on the consumer-employee/applicant's reputation, personal characteristics, or mode of living where, by way of example but no limitation, such communication is used or expected to be used in whole or in part for the purpose of serving as a factor in establishing the employee/applicant's eligibility for employment purposes. Any consumer report so obtained may not be used in violation of any applicable federal or state equal employment opportunity law or regulation.

By signing this authorization, I, _____, hereby authorize Mt. Lebanon, Pennsylvania to obtain a copy of my consumer report from an applicable consumer reporting agency and to use such consumer report for employment purposes only.

Dated

Signed