



## MUNICIPALITY OF MURRYSVILLE EMPLOYMENT APPLICATION

The Municipality of Murrysville is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, citizenship status, ancestry, sex, age, sexual orientation, marital status, disability, or military status.

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, even if you are submitting a resume. Please print in ink or complete utilizing the Municipality of Murrysville's on-line form at [www.murrysville.com](http://www.murrysville.com). Should you need assistance in completing this application form, or if you have questions, please notify the Chief Administrator at 724-327-2100.

Date \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Number and Street

\_\_\_\_\_

City

State

Zip

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Cell Phone): \_\_\_\_\_

Email Address: \_\_\_\_\_

Job(s) applied for:

1. \_\_\_\_\_

2. \_\_\_\_\_

Full-Time  Part-Time  Seasonal

Have you previously worked for the Municipality of Murrysville? Yes  No

If yes, please list position(s) and dates worked: \_\_\_\_\_

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If hired, on what date would you be available to start work? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No

(Proof of identity and eligibility will be required upon employment.)

Are you 18 years old or over? Yes  No

(If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer?

Yes  No

If yes, please provide company names and details.

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Please list any friends or relatives that work for the Municipality of Murrysville:

Name	Friend or Relative?

**MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes  No  If Yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

Rank at Discharge: \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

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Are you presently in the Armed Forces Reserve? Yes  No

If Yes, what branch? \_\_\_\_\_

Have you ever been arrested and convicted of a felony or misdemeanor? Yes  No

Are you on probation? Yes  No

If yes to either, describe in full (including dates): \_\_\_\_\_

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Please Note: Arrests and convictions are not an automatic bar to employment.

Have you ever been refused a bond by an employer? Yes  No

**EDUCATION**

Education	Name and Location of School	Number of Years Attended	Did you Graduate? (Yes or No)	If you Graduated, please state Degree or Certification Awarded.
High School*				
College or University				
College or University				
Trade, Vocational, or Business School				
Police Academy				

Please List other Training, Certificates, Degrees, or Professional Licenses/Certifications.

\*If you are not a high school graduate, do you have an equivalency diploma? Yes\_\_\_\_ No\_\_\_\_

**SKILLS, KNOWLEDGE, AND ABILITIES**

<b>Skill</b>	<b>Have Skill? Yes or No.</b>	<b>Skill</b>	<b>Have Skill? Yes or No.</b>
Microsoft Word		General Mechanical Skills	
Microsoft Excel		Automotive Mechanical Skills	
Microsoft Access		Truck/Car Maintenance	
Microsoft Publisher		Electrical Skills	
Microsoft PowerPoint		Plumbing Skills	
Microsoft Outlook		HVAC Skills	
Internet/Email		Carpentry Skills	
Please List Other Computer Skills (Operating Systems, Programs, Social Media, etc.)		Masonry Skills	
		Storm Sewer Work	
		Truck Driver – Heavy Duty	
		Truck Driver – Medium Duty	
		CDL (Please state class and if it is current).	
		Pennsylvania Inspection License (Please state if it is current).	
		Mowing Tractors (Use of)	
		Backhoes (Use of)	
		Front-End Loaders (Use of )	
		Road Graders (Use of)	
	Roller (Use of)		
Multi-Line Phone Systems			
Typing (list words per minute)		Hand Tools (Use of)	
Bookkeeping		Saws/Drills (Use of)	
Calculator		Welding	
Office Equipment (Fax, Copier, etc.)		Heavy Lifting	
Customer Service		Standing for Long Periods of Time	
Custodial Skills (Clean Floors/Bathrooms, Trash Removal, Painting, Vacuuming, etc.)		Residential and/or Commercial Building Inspection	
Act 120 certification from a Pennsylvania Police Academy		Building Construction Skills	
Drafting		Blueprint Reading	
Please list any other skills/experience that are relevant to the position in which you are applying:			

**EMPLOYMENT HISTORY**

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated 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

If yes to any of the above, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated 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

If yes to any of the above, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated 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

If yes to any of the above, please explain: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone No. \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Hourly Rate/Salary: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Will this supervisor/employer give a good job reference? Yes  No

If no, explain \_\_\_\_\_

Were you:

Terminated 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

If yes to any of the above, please explain: \_\_\_\_\_



**CHARACTER REFERENCES**

Do not refer to casual acquaintances, previous employers, or relatives. Refer to three people whom you know well either personally or in business that the Municipality of Murrysville may contact.

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Number of Years Known</b>

The Municipality of Murrysville is an equal opportunity employer. The Municipality of Murrysville does not discriminate in employment with respect to race, color, religion, national origin, citizenship status, ancestry, sex, age, sexual orientation, marital status, disability, or military status.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Municipality of Murrysville's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Municipality of Murrysville reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Municipality of Murrysville has the authority to make any assurances to the contrary.

I authorize the Municipality of Murrysville to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Municipality of Murrysville and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. In addition, if employment is offered, it will be subject to the terms of the Municipality of Murrysville's policies and procedures.

I attest with my signature below that I have given the Municipality of Murrysville true and complete information on this application. No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

\*In accordance with Pennsylvania's Municipal Retention and Disposition Schedule, this application is void after two (2) years if applicant is not hired.

**Municipality of Murrysville  
4100 Sardis Road  
Murrysville, PA 15668  
724-327-2100 (phone)  
724-327-2881 (fax)  
www.murrysville.com**