



# City of Pittston

City Hall  
35 Broad Street  
Pittston, PA 18640  
570.654.0513  
www.pittstoncity.org

## APPLICATION FOR EMPLOYMENT

**Please note:** This is a pre-employment questionnaire. Completion of this application is only the first step of a multi-step hiring process. Positions are filled in accordance with city personnel policies under the conditions set forth in specific job announcements and subject to appropriation of the governing body. To be considered, applications must be completely filled out and signed, any additional information required in the announcement included, and be received in the Office of the City Administrator by the deadline stated in the announcement. **The City of Pittston is an equal opportunity employer** and does not discriminate on the basis of sex, age, race, sexual orientation, disability, religion, or marital status. Once complete, please email to [kshumusic@cityofpittston.org](mailto:kshumusic@cityofpittston.org)

POSITION APPLYING FOR: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

### APPLICANT INFORMATION: (PLEASE PRINT ALL INFORMATION!)

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PREVIOUS ADDRESS IF LESS THAN THREE (3) YEARS AT PRESENT ADDRESS:  
\_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ CELLPHONE: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DO NOT WRITE IN THIS AREA--ADMINISTRATION DEPARTMENT USE ONLY:**

**EDUCATION:**

HIGH SCHOOL NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

DID YOU GRADUATE: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ GED (DATE): \_\_\_\_\_

COLLEGE/UNIVERSITY NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

DID YOU GRADUATE: \_\_\_\_\_ YES (DEGREE TYPE): \_\_\_\_\_ NO: \_\_\_\_\_

COLLEGE/UNIVERSITY NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

DID YOU GRADUATE: \_\_\_\_\_ YES (DEGREE TYPE): \_\_\_\_\_ NO: \_\_\_\_\_

OTHER SCHOOL NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATES ATTENDED: FROM \_\_\_\_\_ TO \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

DID YOU GRADUATE: \_\_\_\_\_ YES (DEGREE TYPE): \_\_\_\_\_ NO: \_\_\_\_\_

OTHER EDUCATION/SKILLS: \_\_\_\_\_  
\_\_\_\_\_

**LANGUAGE PROFICIENCY:**

ENGLISH:	_____	READ	_____	WRITE
SPANISH:	_____	READ	_____	WRITE
OTHER:	_____	READ	_____	WRITE
SIGN LANGUAGE	_____	YES		

**MILITARY SERVICE:**

       NO             YES--BRANCH & DATES OF SERVICE: \_\_\_\_\_

(A conviction will not necessarily disqualify you from employment)

**CRIMINAL HISTORY:**

Have you been convicted of a local, state or federal offense?

       YES                             NO

If "YES" PLEASE EXPLAIN: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Dates of Employment	Employer Name, Address, Telephone	Position Title/Final Salary	Reason for Leaving

May We Contact Your Current Employer?      YES              NO

**REFERENCES:**

NAME & ADDRESS	TELEPHONE & EMAIL	RELATIONSHIP TO APPLICANT

**OTHER INFORMATION:**

List Here Any Other Factors or Information You Wish Considered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S LICENCE:**

DRIVER'S LICENSE TYPE: \_\_\_\_\_ REGULAR \_\_\_\_\_ CDL \_\_\_\_\_ NONE

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

*Note: Please refer to the particular job announcement to determine whether the position requires a driver's license and if so, what type.*

**CERTIFICATION:**

By signing this application I certify that the statements made in this application are true and complete to the best of my knowledge and understanding, and understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize the investigation of all statements contained herein and the references and employers listed within this application to provide any and all information concerning my references, current and previous employment and any pertinent information they may have, personal or otherwise, and release the municipality from any and all liability for any damage that may result from the utilization of such information.

I understand that in accordance with the requirements of particular positions as indicated in the job announcement, additional information, such as a criminal background check, drug-test, and or credit check may be required as part of the application and or employment offer.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) or other relevant state, federal and local laws.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Kyle Shumusic

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Chief of Police

# City of Pittston, Pennsylvania

## Authorization to Obtain Information Waiver

I, \_\_\_\_\_, have made application for employment with the City of Pittston and understand that as part of a background check I authorize the City of Pittston and their agents to inquire about my background information to better ascertain my qualifications for employment. I understand that the information may be obtained from any person, document or any other source referenced to me about my character, employment history, credit history, criminal history and licensing.

I hereby release the City of Pittston and their agents from any liability, which might otherwise result from the release of said information. In consideration of this release the City of Pittston shall regard all information obtained as confidential and shall not be released to any other individual or agency without just cause.

I agree that the City of Pittston may use this information to qualify my employment and may admit this information into evidence in order to defend any administrative or court action, which is initiated on my behalf. I retain the right to challenge the accuracy of such information, but waive all objections as to the admissibility of the information.

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Authorizing Signature

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Date