



**Application for Employment or Volunteer Service**

**Borough of Hanover**  
44 Frederick Street  
Hanover, PA 17331

Phone Number: (717) 637-3877  
FAX Number: (717) 637-2805

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Email: info@hanoverboroughpa.gov

*THE BOROUGH OF HANOVER IS AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION EMPLOYMENT ON ANY BASIS PROTECTED BY LAW INCLUDING RACE, CREED, COLOR, AGE, GENDER, NATIONAL ORIGINAL, OR PHYSICAL HANDICAP.*

**Please print or type all requested information. Statements regarding education, employment, etc. and all references are subject to investigation and verification. False statements may lead to discipline and/or termination if discovered after employment. A resume may be attached, but should not replace the information requested on this form.**

**FULL NAME:** \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

**PERMANENT ADDRESS:** \_\_\_\_\_  
(No PO Boxes) House # Street Name Apt. # City & State Zip Code

**LOCAL ADDRESS:** \_\_\_\_\_  
(if different than permanent address) House # Street Name Apt. # City & State Zip Code

**PHONE NUMBERS:** ( ) - Home Number ( ) - Mobile (Cell) Number

**EMAIL ADDRESS:** \_\_\_\_\_

Are you legally permitted to work in the United States?  
Yes No

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE OF ISSUANCE:** \_\_\_\_\_

**POSITION DESIRED:** \_\_\_\_\_ **SALARY DESIRED:** \_\_\_\_\_

**DATE YOU CAN START:** \_\_\_\_\_ **FULL TIME:** \_\_\_\_\_ **PART TIME:** \_\_\_\_\_ **SEASONAL:** \_\_\_\_\_

Are you employed now? Yes No Are you available on weekends? Yes No

Any disabilities that would prevent you from performing the duties of the job or any ADA accommodation that we should know about? If YES please explain on separate paper Yes No

**CERTIFICATIONS and SKILLS:** *Note: Please bring proof of certification to your interview(s).*  
CDL - Class A: \_\_\_\_\_ First Aid: \_\_\_\_\_ Carpentry: \_\_\_\_\_  
CDL - Class B: \_\_\_\_\_ CPR: \_\_\_\_\_ Metal Works: \_\_\_\_\_  
Masonry: \_\_\_\_\_ Heavy Equipment Operator: \_\_\_\_\_

OTHER Certification or Skills: \_\_\_\_\_

List any relatives and/or family or friends currently employed by the Borough of Hanover: \_\_\_\_\_

EDUCATION:	SCHOOL NAME	CITY/STATE/ZIP	YEARS ATTENDED	MAJOR COURSES
HIGH SCHOOL				
COLLEGE				
TECH SCHOOL				
GRAD SCHOOL				
OTHER				

List any additional skills or certifications you have: \_\_\_\_\_

**WORK HISTORY:** (List the last four employers, starting with the present or most recent)

DATE: (MONTH & YEAR)	COMPANY INFORMATION	SALARY	POSITION	REASON FOR LEAVING
From:	Name:	\$		
To:	Address:	Per		
		Phone #		
Supervisor:		May we contact? Yes No		
From:	Name:	\$		
To:	Address:	Per		
		Phone #		
Supervisor:		May we contact? Yes No		
From:	Name:	\$		
To:	Address:	Per		
		Phone #		
Supervisor:		May we contact? Yes No		
From:	Name:	\$		
To:	Address:	Per		
		Phone #		
Supervisor:		May we contact? Yes No		

**MILITARY EXPERIENCE:**

If YES,  
Branch of Service: \_\_\_\_\_

Are you a veteran? YES \_\_\_ NO \_\_\_

Dates (month/year) of Military Service (Active & Reserve) \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

List Military Awards:

List three (3) persons not related to you and not listed as previous employers. These references should be familiar with your background and character.

**REFERENCES:**

<b>NAME:</b>	<b>COMPLETE ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>OCCUPATION:</b>		
<b>NAME:</b>	<b>COMPLETE ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>OCCUPATION:</b>		
<b>NAME:</b>	<b>COMPLETE ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>OCCUPATION:</b>		

**MISCELLANEOUS:**

List any activities or special awards:
List any subjects of special study or research:
List any other special training(s) you may have:

**EMERGENCY CONTACT INFORMATION:**

In case of emergency notify:

<b>NAME:</b>	<b>COMPLETE ADDRESS:</b>	<b>PHONE NUMBER:</b>

I authorize investigation of all statements made in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I also authorize a criminal background investigation of myself - this includes a background investigation of my driving history. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice, subject to terms and conditions of any bargaining unit agreements with the Borough of Hanover (if the employee is covered by a bargaining unit).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that the Borough of Hanover has a zero tolerance policy regarding substance abuse and has a stringent drug/alcohol policy in place. I understand that all job applicants and/or new employees may be required to comply with drug testing protocols as outlined by law. Such tests may be required without prior notification and may be requested at random with cause for the presence of alcohol and/or drugs in my body. I acknowledge that a confirmed positive test may cause me not to be hired or to be removed from the payroll and subject to discipline up to and including termination, or with a recommendation to attend a drug/alcohol rehabilitation program. I fully understand that if I should refuse to take the test, I will not be hired, or I could be suspended from my job without pay or be terminated for insubordination. I also understand that the test results will be held in confidence and handled by authorized management personnel.

I hereby consent \_\_\_\_\_ or refuse \_\_\_\_\_ to take the drug/alcohol test.

I acknowledge that this document (or any accompanying document executed or delivered pursuant to or in connection with the drug/alcohol policy is not intended to confer any contractual or other rights or claims in my favor (and that I remain employed at will).

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TO BE COMPLETED BY** I give consent to the investigation and  
**PARENT OR GUARDIAN OF** drug/alcohol testing outlined in this  
**MINOR CHILDREN.** employment application of my child:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_