


**FOR H.R. OFFICE USE ONLY**

I-9 \_\_\_\_\_ W-4 \_\_\_\_\_  
 Copy of I.D. \_\_\_\_\_  
 Department \_\_\_\_\_  
 Employee # \_\_\_\_\_  
 Start Date \_\_\_\_\_

**CITY OF ERIE**  
 626 State Street – Room 300 – Erie PA 16501-1128



Would you like us to share your application with companies who do contract or subcontract work with the City?  
 Yes No  
 Signature  \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

The City of Erie reviews all applications, without regard to race, color, religion, sex, national origin, age, marital, disability or veteran status, or any other legally protected status.

**EMPLOYMENT APPLICATION SHOULD ONLY BE SUBMITTED ONCE IN A 12 MONTH TIME FRAME**

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSONAL:** (other names records may be under: \_\_\_\_\_)

**Names:**

LAST	FIRST	MI	SOCIAL SECURITY#

**Address:**

STREET	CITY	STATE	ZIP

**Telephone:**

HOME	WORK	ALTERNATE	PA Drivers Lic. #

Have you ever been employed with the City of Erie before?  Yes  No If Yes, give dates \_\_\_\_\_

U.S. Citizen? \_\_\_\_ If not, are you a permanent resident of the United States or otherwise authorized to work by the United States or Immigration and Naturalization Service? \_\_\_\_ \*All new hires are required to present documentation showing they are authorized to work prior to, shortly after, commencing work

**ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_ : RATE OF PAY?**

Full Time: _____	Part-Time: _____	Hrs Available: _____	Rate of Pay Desired: _____
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**EDUCATION AND TRAINING:**

Name of School/Address	Course/Major	Diploma/Degree

**U.S. MILITARY SERVICE:**

Branch: _____	Date of Entry & Separation: _____	Skill Acquired: _____
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**PROFESSIONAL AND TECHNICAL APPLICANTS ONLY:**

License #	Type of License	Place of Issue	Expiration Date

Please use the space below for any information necessary to describe your full qualifications: (include typing speed/software use/computer experience, etc):

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

(OVER)

**EMPLOYMENT HISTORY:** List below your work experiences beginning with most recent job. Attach additional paper or resume if necessary.

**NAME/ADDRESS OF EMPLOYER**

From: Mo/Yr: _____	Name: _____	JOB TITLE/DUTIES:
To: Mo/Yr: _____	Address: _____	
SALARY: Starting _____ Final _____	City _____ State ____ Zip _____	REASON FOR LEAVING:
	Contact Person: _____ Phone # _____	

**NAME/ADDRESS OF EMPLOYER**

From: Mo/Yr: _____	Name: _____	JOB TITLE/DUTIES:
To: Mo/Yr: _____	Address: _____	
SALARY: Starting _____ Final _____	City _____ State ____ Zip _____	REASON FOR LEAVING:
	Contact Person: _____ Phone # _____	

**NAME/ADDRESS OF EMPLOYER**

From: Mo/Yr: _____	Name: _____	JOB TITLE/DUTIES:
To: Mo/Yr: _____	Address: _____	
SALARY: Starting _____ Final _____	City _____ State ____ Zip _____	REASON FOR LEAVING:
	Contact Person: _____ Phone # _____	

**PLEASE READ CAREFULLY:**

I hereby certify that the foregoing answers and information are true and correct. I authorize investigation of all statements contained in this application and any resume provided to the City of Erie. I authorize my references, schools that I have attended, and former employers to release to the City of Erie any and all information they may have which is relevant to my employment. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment agreement with the City. No promises regarding employment have been made to me.

I also authorize the City to obtain an investigative consumer report, if necessary, that may contain certain information regarding my character, general reputation, personal characteristics and mode of living. This authorization, in original and copy form, shall be valid for this and any future reports or update that may be requested. I further understand that, upon written request within a reasonable amount of time, I am entitled to disclosure of the nature and scope of the investigation requested.

I understand that an offer of employment is contingent upon satisfactory completion of reference checks.

I also understand that if an offer of employment is made to me, before commencing work I will be required to take and pass a medical examination which may include a drug and alcohol test.

I understand that if I am employed, any misrepresentation or omission of facts called for in this application or contained in my resume is reason for immediate dismissal. Further, I understand and agree that if I am employed, my employment is for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice, stated reason or cause, and I accept these conditions. I also agree that if I am employed I will abide by all of the City's rules and regulations, including but not limited to the requirement to wear or use protective clothing or devices and comply with the City's safety policies and procedures.

Applicants Signature:  \_\_\_\_\_

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