

Borough of Hastings

Application for Employment

PLEASE PRINT

Position Applied For: _____

Personal Information

Name: _____ Social Security No.: _____

Street Address: _____ Box No.: _____

City: _____ State: _____ ZIP Code: _____

Borough or Township of Residence: _____

Telephone No.: _____

Birthdate: _____

Education

Elementary: _____

High School: _____

Other: _____

CPR Certified: Yes: ___ No: ___ If yes, list type of course: _____

Advanced First Aid Course: Yes: ___ No: ___

If yes, give name of instructor & location:

Work History

Name of Last Employer: _____

Position: _____ Dates Employed: _____

Duties: _____

Supervisor: _____

References (List two)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____