



Municipality of Monroeville

Application for Boards, Authorities, and Commissions

Monroeville is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities or age (40 and over). Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. All information requested on this application form is solicited for the purpose of determining abilities and skills for the boards, authorities, and commissions.

Instructions: This application must be completed in its entirety. All information is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application or removal from eligibility. Please print in ink or type. Please email to Dara Brown, BrownD@monroeville.pa.us, and Tim Little, TLittle@monroeville.pa.us. If, because of a disability, you need assistance completing this application, please notify the Director of HR, (412) 856-3306.

Applicant Information

Position applied for:

Name: Last First Middle

Address: City State Zip

Length of Residence: E-mail:

Cell Phone: () Home Phone: ()

Are you at least 18 years old? Yes No

Are you a United States citizen? Yes No

Have you ever been employed by Monroeville? Yes No

_____ Dates: _____

Have you ever filed a previous application with Monroeville? Yes No

If yes, give date and position applied for: _____

Briefly describe why you would want to be appointed to the board, authority, or commission for which you are applying.

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Education

Last High School Attended: Name:	Highest grade completed: (circle one)	Do you have a High School Diploma or G.E.D. certificate?
Location:	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

Colleges, universities, trade or technical schools or apprenticeship programs:

Name	Location	Number of years/months attended	Degree, credits, certificates or licenses earned

Military

Branch of Service:	Length of Service:	Rank at Separation:

Other Qualifications

Please list any other qualifications:

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Employment History

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

Employer:

Address:

City:

State:

ZIP:

Supervisor's Name:

Supervisor's Phone Number:

Position:

How long? From:

To:

Description of Duties:

Employer:

Address:

City:

State:

ZIP:

Supervisor's Name:

Supervisor's Phone Number:

Position:

How long? From:

To:

Description of Duties:

If you need additional space, please continue on a separate sheet of paper.

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References

Please list three references other than former employers or relatives

Name/Address:

Phone Number:

Relationship:

Name/Address:	Phone Number:	Relationship:

Please attach a r sum , if available.

Certification, Authorization and Agreement

"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize Monroeville to investigate the truth of this information and of any other information I may supply.

I understand and agree that Monroeville's acceptance of this "Boards, Authorities, and Commissions Application" does not constitute any promise, express or implied, that I will be appointed.

I certify that I am not a party to any contract or other obligation which would limit, interfere with, or restrict my ability to be a Monroeville Board, Authority, or Commission Member in any way.

I hereby acknowledge that I have read this section of the application and fully understand the meaning and effect of signing this form."

Signature of Applicant:

Date:

Monroeville, PA
2700 Monroeville Blvd
Monroeville, PA 15146
(412) 856-1000

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