

## THE BOROUGH OF LEETSDALE

373 BEAVER STREET LEETSDALE, PA 15056 JENNIFER SIMEK, SECRETARY/TREASURER

PHONE: (724) 266-4820 • FAX: (724) 266-7530 www.leetsdaleboro.net

Title: Part-time Borough Office Assistant

Hourly wage: \$20.00 – \$22.00 Hourly Pay based on experience

Weekly Hours: Not to exceed 25 hours

Work week: Monday - Friday

Training Hours: 10:00 AM - 3:00 PM

Evaluation after 30-days

Working Hours: Noon - 5:00 PM

Exempt from earning time off

Vacation Days: 0 Personal Days: 0 Sick Days: 0

Office Holidays: Unpaid

No Medical, Eye or Dental Benefits Offered No 401K or Pension Offered

Works under the supervision of the Borough Secretary or Borough Manager

General clerical duties with increasing responsibilities. Primary responsibilities are to provide day to day operations of the borough. Create, print and mail quarterly newsletters, prepare no lien letter requests, shelter and community room rentals, order office supplies, prepare customer billing, track employees' attendance records and maintain uniform allowance records.

## Qualifications:

Must be able to maintain confidentiality
Must be able to perform tasks in an unbiased objective manner
Must be able to obtain a Bond, paid by the Borough

Employment is contingent upon the results of a post-offer (initial employment) drug screen and upon successfully passing a thorough investigation, consisting of a criminal history check, certification check, reference check and education verification check, if applies.

Please submit resume, cover letter, three professional references and employment application to simek@leetsdaleboro.net

The Borough of Leetsdale is an equal opportunity employer.



Borough of Leetsdale
Employment Application
Not to be used for the Police Department
An Equal Opportunity Employer

| Last Name                                   |                   |                |              | First                      |  |                  |     |   | M.I.                   | Date |        |  |
|---|-------------------|----------------|--------------|----------------------------|--|------------------|-----|---|------------------------|------|--------|--|
| Street Address                              |                   |                |              |                            |  | Apartment/Unit # |     |   |                        |      |        |  |
| City  |                   |                |              | State                      |  |                  |     |   | ZIP                    |      |        |  |
| Phone                                       |                   |                |              | Are you 18 years or older? |  |                  |     |   |                        |      |        |  |
| Date Available Social Se                    |                   |                |              | ocurity No                 |  |                  |     |   | Date you can start     |      |        |  |
| Position Applied for                        |                   |                |              |                            |  |                  |     |   | ou have a CDL license? |      |        |  |
| Are you a citizen of the United States? YES |                   |                |              | NO 🗌                       | If no, are you authorized to work in the U.S.? YES \( \square\) NO |                  |     |   |                        |      | ] NO [ |  |
| Have you ever worked for this company? YES  |                   |                |              | NO 🗌                       | If so, when?   |                  |     |   |                        |      |        |  |
| Have you ever                               | been convicted    | of a felony?   | YES          | NO 🗆                       | If yes, explain  |                  |     |   |                        |      |        |  |
|   |                   |                |              |                            |  |                  |     |   |                        |      |        |  |
| EDUCATIO                                    | N                 |                |              |                            |  |                  |     |   |                        |      |        |  |
| High School                                 | gh School         |                |              | Address                    | 5  |                  |     |   |                        |      | ****   |  |
| From  | То                | Did you        | graduate?    | YES 🗌                      | NO 🗆   | Deg              | ree |   |                        |      |        |  |
| College                                     |                   |                |              | Address                    |  |                  |     |   |                        |      |        |  |
| From  | То                | Did you        | graduate?    | YES 🗌                      | NO 🗆   | Deg              | ree |   |                        |      |        |  |
| Other                                       |                   |                |              | Address                    |  |                  |     |   |                        |      |        |  |
| From  | То                | Did you        | graduate?    | YES 🗌                      | NO Degree  |                  |     |   |                        |      |        |  |
|   |                   |                |              |                            |  |                  |     |   |                        |      |        |  |
| REFERENC                                    |                   |                |              |                            |  |                  |     |   |                        |      |        |  |
| Please list thre                            | ee professional/Ł | ousiness refer | rences.      |                            |  |                  |     |   |                        |      |        |  |
| Full Name                                   |                   |                |              |                            | Relationship   |                  |     |   |                        |      |        |  |
| Company                                     |                   |                |              |                            |  | Phone            | (   | ) |                        |      |        |  |
| Address                                     |                   |                |              |                            |  |                  |     |   |                        |      |        |  |
| Full Name                                   |                   | I              | Relationship |                            |  |                  |     |   |                        |      |        |  |
| Company                                     |                   | 1              | Phone ( )    |                            |  |                  |     |   |                        |      |        |  |
| Address                                     |                   |                |              |                            |  |                  |     |   |                        |      |        |  |
| Full Name                                   |                   |                |              |                            | 1  | Relationship     |     |   |                        |      |        |  |
| Company                                     |                   |                | Phone        | (                          | )  |                  |     |   |                        |      |        |  |

| PREVIOUS EMPLOYMENT   |                       |  |  |  |  |  |  |  |  |
|---|-----------------------|--|--|--|--|--|--|--|--|
| Company   | Phone ( )             |  |  |  |  |  |  |  |  |
| Address   | Supervisor            |  |  |  |  |  |  |  |  |
| Job Title Starting Salar  | \$ Ending Salary \$   |  |  |  |  |  |  |  |  |
| Responsibilities  |                       |  |  |  |  |  |  |  |  |
| From To Reason for Leaving  |                       |  |  |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference? YES $\ \square$  | NO 🗆                  |  |  |  |  |  |  |  |  |
| Company   | Phone ( )             |  |  |  |  |  |  |  |  |
| Address   | Supervisor            |  |  |  |  |  |  |  |  |
| Job Title Starting Salar  | \$ Ending Salary \$   |  |  |  |  |  |  |  |  |
| Responsibilities  |                       |  |  |  |  |  |  |  |  |
| From To Reason for Leaving  | To Reason for Leaving |  |  |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference? YES \( \square\) NO \( \square\)   |                       |  |  |  |  |  |  |  |  |
| Company   | Phone ( )             |  |  |  |  |  |  |  |  |
| Address   | Supervisor            |  |  |  |  |  |  |  |  |
| Job Title Starting Salar  | \$ Ending Salary \$   |  |  |  |  |  |  |  |  |
| Responsibilities  |                       |  |  |  |  |  |  |  |  |
| From To Reason for Leaving  | To Reason for Leaving |  |  |  |  |  |  |  |  |
| May we contact your previous supervisor for a reference? YES NO   |                       |  |  |  |  |  |  |  |  |
|   |                       |  |  |  |  |  |  |  |  |
| MILITARY SERVICE  |                       |  |  |  |  |  |  |  |  |
| Branch  | From To               |  |  |  |  |  |  |  |  |
| Rank at Discharge   | Type of Discharge     |  |  |  |  |  |  |  |  |
| If other than honorable, explain  |                       |  |  |  |  |  |  |  |  |
| DYCCI ATMED AND CYCNATURE   |                       |  |  |  |  |  |  |  |  |
| DISCLAIMER AND SIGNATURE  |                       |  |  |  |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |                       |  |  |  |  |  |  |  |  |
| Signature   | Date                  |  |  |  |  |  |  |  |  |

Complete and return application to:

Borough of Leetsdale 373 Beaver Street Suite A Leetsdale, PA 15056