

**APPLICATION FOR EMPLOYMENT**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Number Street Borough/Township

\_\_\_\_\_ City State Zip Code

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Position Applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Type of Employment \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Have you ever applied to Towamencin Township before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
When? \_\_\_\_\_

Give the name of any relative(s) now employed by Towamencin Township. Indicate relationship and department in which he/she is employed. \_\_\_\_\_

Do you possess a current Driver's License? \_\_\_\_\_  
State/Class/Operator's Number

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If not why not? \_\_\_\_\_

Have you ever been convicted of a crime except a minor traffic violation?  Yes  No.

If yes, state citation, date, court, and place where offense occurred. \_\_\_\_\_

\_\_\_\_\_  
*Conviction of a crime cannot, in and of itself, disqualify an applicant from consideration for employment.*

## EDUCATIONAL BACKGROUND

School Name	Address	Degree	Major Study
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\_\_\_\_\_  
High School

\_\_\_\_\_  
College

\_\_\_\_\_  
Technical/Business School

\_\_\_\_\_  
Other Schools or Courses

Circle highest grade of high school completed. 9 10 11 12

Circle number of years of college completed. 1 2 3 4 5 6

If you are covered under the Veterans Preference Act, list your Military Record: (List branch, length of service and type of discharge) \_\_\_\_\_

Have you ever been discharged or requested to resign from a position?  Yes  No

If yes, give circumstances \_\_\_\_\_

Are you employed now?  Yes  No. Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)?  Yes  No

Have you ever been refused a bond?  Yes  No

Can you perform the essential functions of this job?  Yes  No

Do you need a reasonable accommodation to perform the essential functions of the job?

Yes  No

List any skills or trades that you have and the extent of your experience in each. \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** (List present and previous employment. Begin with most recent employment and work backward.)

\_\_\_\_\_  
Name of Firm

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Your Position or Title Dates of Employment

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name of Firm

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Your Position or Title Dates of Employment

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Name of Firm

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Your Position or Title Dates of Employment

\_\_\_\_\_  
Duties Performed

\_\_\_\_\_  
Reason for Leaving

What are your hobbies? \_\_\_\_\_

List any memberships in professional or trade organization that are job-related \_\_\_\_\_

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No. If not, why not? \_\_\_\_\_

### REFERENCES

(Do not list relatives or former employers)

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Name	Address	Telephone No.
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Name	Address	Telephone No.
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Name	Address	Telephone No.
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### JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects and contains no material omissions, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that prior to being offered employment with Towamencin Township I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform Towamencin Township prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Towamencin Township reserves the right to require medical documentation concerning the need for the accommodation."

"I understand that the position is at-will and no applicant or employee possesses any contractual or statutory right to continued employment".

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Signature of Applicant

Date