



WEST BRADFORD TOWNSHIP
"Between the Brandywines"

1385 Campus Drive, Downingtown, PA 19335
telephone 610 269-4174
fax 610 269-3016

APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION:

DATE: _____

NAME: _____

LAST _____ FIRST _____ MIDDLE _____

ADDRESS: _____ NO. STREET CITY STATE ZIP

PHONE NO.: _____ EMAIL ADDRESS: _____

ARE YOU 18 YEARS OR OLDER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF THE LAW
OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

****PLEASE ATTACH YOUR LETTER OF INTEREST, RESUME OR CV TO THIS APPLICATION**

POSITION INFORMATION:

<u>POSITION</u>	<u>DATE YOU CAN START</u>	<u>SALARY DESIRED</u>
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TYPE OF EMPLOYMENT DESIRED FULL TIME PART TIME INTERNSHIP

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF
YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? WHEN? _____

U.S. MILITARY SERVICE YES NO RANK _____

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES? YES NO

HOW DID YOU HEAR ABOUT THE POSITION?

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age

EMPLOYMENT HISTORY: (List below present and past employment, beginning with your most recent)

MONTH/ YEAR	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING	NAME OF SUPERVISOR	MAY WE CONTACT PREVIOUS SUPERVISOR? (Y or N)
FROM						
TO	telephone					
FROM						
TO	telephone					
FROM						
TO	telephone					
FROM						
TO	telephone					

REFERENCES:

(Give the names of at three persons not related to you who have known you at least one year)

NAME & OCCUPATION	ADDRESS	TELEPHONE NUMBER	YEARS ACQUANTED

EDUCATION:

	NAME & ADDRESS OF SCHOOL	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	SUBJECTS STUDIED
		1	2	3	4		
HIGH SCHOOL							
		1	2	3	4		
COLLEGE							
		1	2	3	4		
OTHER (SPECIFY..... TRADE, ETC.)		1	2	3	4		

PHYSICAL RECORD: DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

PLEASE DESCRIBE: _____

**IN CASE OF
EMERGENCY NOTIFY:**

NAME _____ ADDRESS _____ PHONE # _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ **DATE** _____

HIRED: YES NO **POSITION** _____ **DEPT.** _____

SALARY/WAGE _____ **DATE REPORTING TO WORK** _____

APPROVED: 1. _____ 2. _____
GENERAL MANAGER _____ DEPARTMENT HEAD _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.