

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 ☐

EMPLOYMENT DESIRED:

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED NOW:	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
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<u>EVER APPLIED TO THIS COMPANY BEFORE?</u>	<u>WHEN?</u>
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U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

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

[illegible]

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
1			
2			
3			

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

EDUCATION	NAME & ADDRESS OF SCHOOL	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	SUBJECTS STUDIED
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.

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GENERAL MANAGER

DEPARTMENT HEAD

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



AUTHORIZATION TO RELEASE INFORMATION

Criminal Records & Driving History Verification

West Bradford Township

I, _____ (print name), do hereby agree to submit to:

1. A criminal records screening conducted by the Pennsylvania State Police (PATCH Program).
Social Security Number (Optional) _____
2. A driving history screening conducted by the Pennsylvania Department of Transportation's Bureau of
Driver Licensing.
3. A copy of a valid Driver's License for Township records.

I hereby agree and authorize that any and all results of such investigations and screenings shall be released in writing to the Township Manager, and/or his or her designee(s). I understand that the results of such screenings will be used in further consideration of my application for employment with West Bradford Township by providing information for use in reviewing my background with qualifications. I do hereby release all persons, agencies or firms from any liabilities resulting from providing such information.

Applicants Signature

Date

Guardian's Signature

(only if applicant is under the age of 18)

Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.

NOTARY PUBLIC

Commonwealth of Pennsylvania

County of _____

_____(print name), being duly sworn/affirmed according to law,
deposes and says that he/she has read and understands the attached form entitled *Criminal Records & Driving History Verification* and agrees to abide with all applicable provisions therein and further deposes and says that he/she agrees to hold harmless all parties involved in administering *the Criminal Records & Driving History Verification*, as deposed in the Waiver described above. Sworn to/Affirmed and subscribed before me this ____ day of _____, 20____.

Notary Public

(Complete, sign, and date form and return to the Director of Finance)
