

**APPLICATION FOR EMPLOYMENT**

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

Name \_\_\_\_\_  
Last First MiddlePresent Address \_\_\_\_\_  
Number Street Borough/TownshipCity State Zip Code  
Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

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

Type of Employment:

 Full Time Part Time Temporary

Have you ever applied to Towamencin Township Before?

 Yes No

If yes, 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 no, 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.

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



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

1

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

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

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

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

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

2

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

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

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

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

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

3

\_\_\_\_\_  
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.

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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".

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date