

Application for Employment

**Upper Saucon Township
5500 Camp Meeting Road
Center Valley, PA 18034
610-282-1171**

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status or any other legally protected status. Applicants requiring accommodations in the application or hiring process should contact the Township Manager.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	City	State
Postal	Telephone Number / email address	Social Security Number

Are you 18 years of age or older? Yes No

If you are under 18 years of age, can you provide required proof of your eligibility to work Yes No

Have you ever filed an application with us before? If Yes, give date: _____ Yes No

Have you ever been employed with us before? If Yes, give date(s): _____ Yes No

Are you currently employed? Yes No

May we contact your present Employer? Yes No

Are you a US citizen or otherwise lawfully authorized to be employed in this country? Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" or furlough status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you able to work overtime hours (coming out early for your shift, holding over after your shift, being called out, or being scheduled for overtime?) Yes No

If no, please explain:

Are you able to work all shifts and all days of the week?

Yes No

If no, please explain: _____

Have you been convicted of a felony or misdemeanor?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

Education

	Name & Location	From	To	Grad? Yes Or No	Cert/Degree/Diploma	Course/Major
High School						
College/Univ.						
Bus. Or Trade Tech						
Nursing or Medical						
Graduate or Professional						

Describe any specialized training, apprenticeship, skills and extracurricular activities: _____

Describe any job-related training received in the United States Military: _____

Are you requesting consideration of Veteran's status?

Yes No

(Note: Per decisions of Pennsylvania's Supreme Court preference for veterans is limited to entry level employment)

If you are, provide the following information:

Date of Discharge: _____

(Verification of Veteran's status may be required)

Type of Discharge: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed sixty days from the date the application is received by the Township. Any applicant wishing to be considered for employment beyond this time period must fill out a new application and file it with the Township. Under no circumstances shall an application for employment be considered active for more than sixty days from the date the application is received by the Township.

I understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. (The Employer does not discipline Employees, including at-will Employees, on the basis of race, color, religion, gender, national original, age, disability, marital status in retaliation for making an employment discrimination claim or utilizing statutorily protected or case law protected rights.)

I understand that an offer of employment is contingent upon satisfactory completion of a pre-employment Physical Examination and Drug Test, and that any information received from such an examination shall be considered by the Employer to be a confidential medical record and treated as such.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all published and inherent rules and regulations of the Employer.

Signature of Applicant

Date

Upper Saucon Township – Release & Reference Checks

Having made application for employment with Upper Saucon Township, I request that its representative be informed of my work/school record.

I authorize the investigation and release of all my non-medical official records(s) personnel file(s) maintained by my present and prior employers and by institutions at which I was enrolled for some period of time in some course of study.

I also request that persons contacted for the purpose of providing Upper Saucon Township information (including but not limited to opinions) relating to my application for employment at Upper Saucon Township cooperatively provide the information sought.

This request applies to information and opinion relating to my: skills; abilities; trustworthiness; attendance; flexibility; diligence; aptitude for learning; effectiveness as a team player; planning and organizational abilities; oral and written communication abilities; loyalty; need to be reprimanded, counseled, or disciplined, etc.

I fully and completely release any and all institutions and persons who/which provides information as requested in this document from any and all liability or potential liability which may result or arguably result from harm to me or my reputation as a direct or indirect result of furnishing such information.

I further release Upper Saucon Township and its elected and appointed officials and its agents from any and all liability or potential liability relating to the seeking or obtaining of such information.

Signature

Date

Printed Name

Witness

Date

Employment Experience

Start with your present or last job. Give the name(s) of your immediate supervisor(s). Include and job-related military service with assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal, gender, race, religion, national origin, age ancestry, disability or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Specialized Skills

Check Skills/Equipment Operated

Equipment/Machinery List

Other List

<input type="checkbox"/> PC	<input type="checkbox"/> Backhoe		
<input type="checkbox"/> MS Office	<input type="checkbox"/> Paver		
<input type="checkbox"/> Office Equip			

Do you currently hold a valid drivers license?

Yes No

Do you currently hold a valid commercial drivers license?

Yes No

State any additional information you feel may be helpful to us in considering your application:

References

(Listing a reference indicates that Upper Saucon is granted permission to contact them.)

Name	Address	Phone Number	Occupation