

# 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 In	Telephone Number
Address		City	State
		State	ZIP
Email Address	Social Security Number	Driver's License	<small>(if position requires CDL, please fill out additional forms)</small>

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



# Upper Saucon Township

LEHIGH COUNTY, PENNSYLVANIA

Applicants with a Commercial Driver's License (CDL) for CDL-required positions – please complete the following forms

All other applicants may ignore the following pages.

# APPLICATION FOR MUNICIPAL CMV/CDL EMPLOYMENT

Attach extra sheets if more space is needed for any of the following answers.

## Employer Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person Phone #: \_\_\_\_\_

## Applicant Information:

Print Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

CDL License #, Issuing State, and Expiration Date: \_\_\_\_\_

Current Street Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Addresses of residences for past three years:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

<b>Nature and Extent of Driving Experience</b>			
<u>Type of equipment</u>	<u>Date from:</u>	<u>Date to:</u>	<u>Total miles driven:</u>

<b>Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years</b>			
<u>Date of accident:</u>	<u>Nature of accident</u>	<u># Fatalities</u>	<u># Injuries</u>

<b>Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years</b>			
<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

Over ...



**Operating Privileges**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_\_ No \_\_\_\_

Has any license, permit, or privilege ever been suspended or revoked?

Yes \_\_\_\_ No \_\_\_\_

If any answer is "Yes", applicant must attach a statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred.

**Previous employers last 3 years for all CMV applicants**

Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this job subject to FMCSRs? (i.e., CMV) ( ) Yes / ( ) No

Was this job subject to U.S. DOT random testing? (i.e., CDL) ( ) Yes / ( ) No

**For CDL applicants, previous employers for the 7 years before the 3 years above:**

Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was this job subject to FMCSRs? (i.e., CMV) ( ) Yes / ( ) No

Was this job subject to U.S. DOT random testing? (i.e., CDL) ( ) Yes / ( ) No

**TO BE READ AND SIGNED BY APPLICANT**

By signing below, this certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's Date

**NOTE:** This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.

## Applicant Authorization Allowing This Employer to Obtain A Driver License Report from A State Driver License Agency

FOR JOB APPLICANTS: In conjunction with my application for employment with this employer that will require the operation of motor vehicles on public roads, I understand that this employer, as authorized by Section 604(a)(3)(B) of the federal Fair Credit Reporting Act (FCRA), intends to use, for employment purposes, my driver's license record from the state driver license agency which issued my current driver's license.

As required by Section 604(a)(2) of the FCRA, by signing the "Applicant Signature" line below, I hereby authorize this employer (or its authorized agents) a one-time consent to obtain my driver license report from the state driver license agency below for the purpose of determining whether to offer me employment.

DISCLOSURES: I agree that any and all disputes arising from the prospective employer's use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

I understand that this employer may use the information provided by such state driver license agency in determining whether to continue employment based on the findings of such report. I further understand that, if this employer takes any adverse action (such as not offering my employment) based in whole or in part on this information, the employer shall provide to me the information required by Section 615 of the FCRA.

Print Prospective Employer Name: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

State Which Issued Driver's License: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*NOTE: This original, signed form, and any information that is disclosed to the employer as a result of its use, must be maintained in this employee's personnel file and remain confidential.*