

DOYLESTOWN TOWNSHIP

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job related medical condition or disability or other legally protected status.

Position applied for: _____

Date of application _____

Last Name _____

First Name _____

Address _____

Phone No. _____

City _____

State, Zip _____

Social Security _____

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?

Yes

No

If yes, please give approximate date: _____

Are you currently employed?

Yes

No

May we contact your current employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment).

Yes

No

On what date would you be available to work? _____

Are you available to work (Check One): Full Time Shift Work Part Time Temporary

Are you currently on "lay off" status and subject to recall?

Yes

No

Can you travel if the position requires it?

Yes

No

Have you been convicted of a felony within the last seven years? (Conviction will not necessarily disqualify an applicant from employment.)

Yes

No

If yes, please explain: _____

EDUCATION

	HIGH SCHOOL TRADE SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY	GRADUATE PROFESSIONAL
School Name/Location			
Years Completed			
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, skills and extra curricular activities _____

Describe any honors you have received _____

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

List any professional, trade, business or civic activities and offices held _____

You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry or disability or other protected status.

REFERENCES

Give the name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

Have you ever had any job related training in the United States Military? YES NO

If yes, please describe: _____

EMPLOYMENT EXPERIENCE

Please start with your present or last position, include any job-related military service assignments and volunteer activities. You may exclude organizations which indicates race, color, religion, gender, national origin, disability or other protected status.

Employer _____ Length of Service _____
Work Performed/Position Title _____
Address _____ Telephone Number _____
Supervisor _____
Reason for Leaving _____

Employer _____ Length of Service _____
Work Performed/Position Title _____
Address _____ Telephone Number _____
Supervisor _____
Reason for Leaving _____

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Work Performed/Position Title _____
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Supervisor _____
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Work Performed/Position Title _____
Address _____ Telephone Number _____
Supervisor _____
Reason for Leaving _____

SPECIAL SKILLS AND QUALIFICATIONS

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

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.

I am not under any restrictions by virtue of an employment agreement with a former employer which would limit my functions or performance.

This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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

Signature of Applicant _____

Date _____

DOYLESTOWN TOWNSHIP
EMPLOYMENT APPLICATION
SUPPLEMENTAL INFORMATION

All applicants applying for a position with the Township shall complete the following information.

Applicant's Driver's License # _____

If Applicant has Commercial Drivers License Endorsements please list:

Please list all other operators licenses that you have obtained ie: water, sewer, pesticide, ect.
