



UPPER ALLEN TOWNSHIP
APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied For _____ Date of Application _____

Last Name First Name Middle Initial

Address

Have you lived at this address for three years or more? Yes No
(Please circle answer)

Previous Address _____

Did you live at this address for three years or more? (Please circle answer) Yes No

Telephone Number(s) _____

Other Name(s) under which you attended school or were employed _____

How did you learn about us?
____ Employment Agency Ad (what source) _____
____ Friend/Relative _____ Other _____
____ Walk-In _____

If you are under 18 years of age, can you provide proof of your eligibility to work? (Please circle) Yes No
**Note: Proof of citizenship or immigration status will be required upon employment. (An 1-9 form must be completed.) Please circle answer.

Have you ever filed an application with us before? Yes No If yes, when? _____

Have you ever worked for Upper Allen Township? Yes No If yes, when? _____

Are you currently employed? Yes No

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

Have you ever been convicted of or pled guilty or no contest to a misdemeanor or a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or of any other crime involving honesty? (An affirmative answer will not necessarily preclude employment.) Please circle answer. Yes No

If yes, give date, place, charge and disposition _____

** Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34.

Do you have any limitations regarding hours that you can work? (Please circle answer) Yes No

If yes, list and explain _____

Do you have any travel restrictions? (Please circle answer) Yes No

If yes, list and explain _____

Do you have transportation available? (Please circle answer) Yes No

Do you have a current Driver's License? Yes No (State # Class Exp. Date)

List all accidents and moving violations (other than parking) for the past 3 years. Include a description of any fatalities or injuries arising from any accidents.

Do you have friends or relatives employed at Upper Allen Township? (Please circle answer) Yes No

If yes, list _____

When are you available for work? _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School or GED				
College				
Trade School				
Apprenticeship				
Military				
Correspondence				
Other (Specify)				

U.S. Military Service

Branch of Service _____ Length of Service _____ Rank/Rate at Discharge _____

Are you a member of the Armed Services Reserve? (Please circle answer) Yes No

Employment Experience (If you need additional space, please continue on a separate piece of paper.)

Start with your present or most recent job. Include and complete fully all employment, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disability or other protected status. All applicants to drive a commercial motor vehicle in intrastate or interstate commerce must provide information on all employers for whom the applicant operated such vehicle during the past ten years.

Name of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position	May we call you at this number? Please circle answer. Yes No	
Date Stopped	Ending Salary/Wage	Position At Time Of Leaving	May we contact your present employer prior to any employment offer? Please circle answer. Yes No	
Name & Title of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				
Name of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position At Time Of Leaving		
Name & Title of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				
Name of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position At Time Of Leaving		
Name & Title of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				
Name of Employer		Address (City & State)		Area Code/Telephone
Date Started	Starting Salary/Wage	Starting Position		
Date Stopped	Ending Salary/Wage	Position At Time Of Leaving		
Name & Title of Supervisor		Reason For Leaving		
Brief Description Of Your Responsibilities				

Comments (including explanation of any gaps in employment) _____

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

References

Do not list relatives

Name	Address	Telephone

Important Authorization and Understanding

1. Completeness and accuracy of information. I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand that, if I am hired, any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.
2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.
3. Employment is at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.
4. No written, oral, or implied contracts. I understand that any written Township documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Township policies as stating employment terms. The employment relationship with the Township may be modified only in writing directed to me by the Township Manager.
5. Benefits may be altered. I understand that the Township at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while person are actively employed and while retired or otherwise separated from employment with the township.
6. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Upper Allen Township. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Township and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Township and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.
7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Township and to comply with all safety policies and procedures.

I acknowledge that I have read and understand the above statement In Its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature

Date