

HILLTOWN TOWNSHIP PO Box 260 13 W. Creamery Rd. Hilltown, PA 18927 (215) 453-6000 <u>www.hilltown.org</u>

Application for Employment Equal Opportunity/Affirmative Action Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital or veteran status, or the presence of non-jobrelated medical conditions or disability.

(Please Print)				
Position(s) Applied	For:		Date of Application:	
Referral Source:	O Advertisement	O Employee	O Relative	
	O Walk-in	Employment Agency	O Other	
	Name: of Source (if applicable): _			
Name:				
	Last	Middle	First	
Address:				
	Street	City	State	Zip Code
Telephone Number	er: ()	Email Address:		
Driver's License Nu	umber (if required by job):		State:	
Desired Salary: \$	per (hour, v	week, month, etc.)		
Days/Hours Availal	ole to Work:		Earliest Start Date:	

EMPLOYMENT HISTORY

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience.

You may attach a resume or additional sheets. Explain any gaps in employment in the comments section below.

EMPLOYER	TELEPHONE NO:	DATES EN FROM	MPLOYED TO	PRIMARY DUTES AND RESPOSIBLITIES
ADDRESS				
JOB TITLE				
SUPERVISOR & TITLE				
REASON(S) FOR LEAVING				
MAY WE CONTACT FOR REFERENCES Yes No LATER (Please give a date when				n we can contact employer)

EMPLOYER	TELEPHONE NO:	DATES EI FROM	MPLOYED TO	PRIMARY DUTES AND RESPOSIBLITIES
ADDRESS				
JOB TITLE				
SUPERVISOR & TITLE				
REASON(S) FOR LEAVING				
MAY WE CONTACT FOR REFERENCE	CES Yes No	LATER (Plea	ise give a date wher	ı we can contact employer)

EMPLOYER	TELEPHONE NO:	DATES EN FROM	MPLOYED TO	PRIMARY DUTES AND RESPOSIBLITIES
ADDRESS				
JOB TITLE				
SUPERVISOR & TITLE				
REASON(S) FOR LEAVIN	G			

MAY WE CONTACT FOR REFERENCES ______ Yes _____ No ____LATER (Please give a date when we can contact employer)

EMPLOYER	TELEPHONE NO:	DATES EN FROM	MPLOYED TO	PRIMARY DUTES AND RESPOSIBLITIES
ADDRESS				
JOB TITLE				
SUPERVISOR & TITLE				
REASON(S) FOR LEAVING				
MAY WE CONTACT FOR REFERENCE	ES Yes No	LATER (Plea	se give a date when	ı we can contact employer)

COMMENTS: (Including explanation of any gaps in employment)

SKILLS & QUALIFICATIONS: (Summarize special skills & qualifications acquired from employment that may qualify you for work with Hilltown Township.

EDUCATION BACKGROUND

List the last three (3) schools attended, starting with the last one; List the number of years completed; Indicate the degree or diploma earned, if any. List the major and minor field of study, if applicable.

SCHOOL	YEARS COMPLETED	DEGREE/ DIPLOMA	MAJOR	MINOR

List other training/education/certificates or licenses you possess which are pertinent to the position: _

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE NUMBER	BUSINESS/SCHOOL/PERSONAL

EMPLOYMENT QUESTIONS

(Please Complete the following)			
If you are under 18, can you furnish a work permit?	Yes	No	
Have you filed an application here before?	Yes	No	Date:
Have you ever been employed here before?	Yes	No	Date:
Do you have a relative employed by Hilltown Township?	Yes	No	
Are you legally eligible for employment in this country?	Yes	No	
(Proof of U.S citizenship or immigration status will be required upon hire)			
Are you a Veteran?YesNo	Branch:	From: _	To:
(Proof of veteran's status will be required by submitting a copy of your DD214)			
Date Available for Work?//	_		
Type of Employment Desired:Full Time	_Part TimeTemp	orarySea	asonal
Will you travel if job requires it?	Yes	sl	No
Will you work overtime if required:	Yes	sl	No
If required, will you undergo a pre-employment physical:	Yes	sl	No
Have you ever been bonded:	Yes	sl	No
Have you ever been convicted of a felony:	Yes	sl	No
(Such conviction may be relevant if job related but does not bar you from employm	nent)		
If yes, please explain:			

(Use back of page if necessary)

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE STATEMENTS ON THIS APPLICATION, OR IF EMPLOYED, MAY BE CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT: _____ DATE: _____