

LOWER SOUTHAMPTON TOWNSHIP

1500 Desire Ave., Feasterville, PA 19053

Employment Application Form

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____

Present address _____
Last First Middle

Number Street City State Zip

How long at current address _____ Cell Phone () _____

Home Telephone () _____ E-Mail _____

Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.

Position applied for and wage desired _____
Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY TEMPORARY/CONTRACT

When are you available to start work? _____

Have you ever been employed by this organization? _____

Employee Referral? Name _____

EDUCATION /SKILLS

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Professional Scholastic Organizations? _____

Have you ever been convicted of a crime? No Yes (A Conviction record will not necessarily disqualify you from employment.)

If applying for a position which require driving a vehicle., please provide the following information:

I have a valid drivers' license _____ Yes _____ No.

Drivers License Number _____ State _____ Class _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
 ARE YOU NOW A MEMBER in the ARMED FORCES? Yes No
 Branch of Service _____ Date Entered _____ Discharge Date _____
 Discharge Type: Honorable Dishonorable _____

WORK EXPERIENCE

Name of employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Brief description of your duties and responsibilities: _____ _____ _____			
Reason for leaving (be specific): _____ _____			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your Last Job Title			
Brief description of your duties and responsibilities: _____ _____ _____			
Reason for leaving (be specific): _____ _____			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Brief description of your duties and responsibilities: _____ _____ _____			
Reason for leaving (be specific): _____ _____			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Brief description of your duties and responsibilities:

Reason for leaving (be specific):

Explanation of Interruptions in Employment History:

Computer Software Skills (Excel, Word, Power Point)? Skilled Competent Familiar

Professional Licenses and Certifications? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation _____ Yes _____ No.

REFERENCES

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Township.

Applicant Signature

Date