



WHITPAIN TOWNSHIP
960 Wentz Road
Blue Bell, PA 19422

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.

This is a non-smoking environment.

PERSONAL INFORMATION

Name _____ Social Security _____
Last First Middle

Present Address _____
Street City State Zip Phone

Permanent Address _____
Street City State Zip Phone

List any relatives working for us: _____

How did you learn about the Township?

Newspaper Advertisement _____ Referred by _____
 Other _____

EMPLOYMENT DESIRED

Position _____ Date you can start? _____
 Are you employed now? _____ If so, may we inquire of your present employer? _____
 Have you applied for a job at the Township before? _____ When? _____

EDUCATION

	Name & Location of School	No. of Yrs. Attended	Did You Graduate?	Major Course of Study
High School				
College				
Trade, Business, or Correspondence School				

Please describe additional skills, training, or ability you would like to have us consider in evaluating your qualifications (this may include typing speed, speedwriting/shorthand, dictaphone use, computer software package experience, commercial drivers license, heavy equipment experience, technical training, etc.):

Can you work overtime? Yes _____ No _____

FORMER EMPLOYERS (List below last four employers, starting with current employer)

Company/Firm: _____ Address: _____ Telephone: _____ Supervisor: _____	(Mo./Yr.) From: _____ To: _____	Job Title: _____ Duties: _____
Company/Firm: _____ Address: _____ Telephone: _____ Supervisor: _____	(Mo./Yr.) From: _____ To: _____	Job Title: _____ Duties: _____
Company/Firm: _____ Address: _____ Telephone: _____ Supervisor: _____	(Mo./Yr.) From: _____ To: _____	Job Title: _____ Duties: _____
Company/Firm: _____ Address: _____ Telephone: _____ Supervisor: _____	(Mo./Yr.) From: _____ To: _____	Job Title: _____ Duties: _____

PROFESSIONAL REFERENCES (Give the names of three persons not related to you whom you have known at least one year)

Name	Address	Telephone	Occupation	Years Acquainted
(1)				
(2)				
(3)				

Are you able, with or without accommodation, to perform all of the essential functions of the job for which you are applying?

Yes _____ No _____

U. S. MILITARY SERVICE

Dates of Service: From _____ To _____ Branch _____

Rank and Principal Duties: _____

Type of Discharge: _____

OTHER

Are you a United States citizen? Yes _____ No _____

If not, are you an alien lawfully authorized to work in the United States? Yes _____ No _____

Have you been convicted of a felony or misdemeanor? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If "yes" please explain _____

Are you eligible to bonded? Yes _____ No _____

DRIVER'S LICENSE

Answer the following questions only if you are applying for a position which requires driving a Township vehicle (e.g. Public Works Dept.).

Driver's License Number: _____ (Pennsylvania)

Commercial Driver's License (CDL) Designation: Yes _____ No _____

CREDIT REFERENCES List three credit references (name of reference and account number)

I understand that any false answer, statement, or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between the Township and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Township unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that the Township retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of the Township.

Date: _____ Signature: _____

Please answer the following question in 50 words or less in your own handwriting:

"Why do you desire the position for which you are applying?"

RELEASE OF INFORMATION AGREEMENT & AUTHORIZATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with Whitpain Township. The Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Township.

I hereby authorize any representative of Whitpain Township bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Whitpain Township, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from all and any liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of Whitpain Township regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of Whitpain Township's acceptance and processing of my application for employment, I agree to hold the Township of Whitpain, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Whitpain Township. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Whitpain Township in conjunction with employment procedures.

A photocopy or FAX of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of ONE (1) YEAR from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

APPLICANT'S SIGNATURE/DATE: _____

NOTE: THIS FORM MUST BE NOTARIZED!!

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY OF
_____, _____

NOTARY PUBLIC