

WEST PIKELAND TOWNSHIP

610-827-7660 Fax: 610-288-3477

www.westpikeland.com

EMPLOYMENT APPLICATION

Instructions: Type or print clearly in black or blue ink. Answer all questions.

Name (last, first, middle)		Soc. Sec. #	
		Don't Complete for Initial Application	
Address (Number and Street, City, State, Zip Code)		Phone No.	
Position desired	Full-time	Part-time	
	Temporary		
Have you worked for West Pikeland township before?	Yes	No	
Do you have a valid Drivers License	Yes	No	
Drivers License Number			

EDUCATION

	Name and Address of School	Major	Degree/Diploma
High School			
College			
Trade, business, other			

SPECIAL SKILLS AND QUALIFICATIONS: List job-related licenses, skills, training, honors, awards, and special accomplishments

EMPLOYMENT HISTORY: (START WITH PRESENT OR LAST POSITION)

Employer:

Address:

Supervisor:

Phone:

Position Title:

From: To:

Duties:

Salary:	
(first)	(last)

Reason for leaving:

Employer:

Address:

Supervisor:

Phone:

Position Title:

From: To:

Duties:

Salary:	
(first)	(last)

Reason for leaving:

May we contact your present employer? Yes No

REFERENCES: (exclude relatives and former employers)

	Name/Title	Address and Phone No.	Occupation
1.			
2.			
3.			

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Certification and Authorization:

I certify that facts set forth in my application for employment are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in, or material omissions from, my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies, procedures, rules and regulations of West Pikeland Township.

I authorize West Pikeland Township to investigate and verify any and all details provided by or for me in the employment application process, including the verification of: previous employment, licenses, permits and certifications. I further authorize the employers and schools listed to give West Pikeland Township any and all information concerning my previous employment and education, and any other pertinent information they may have, personal or otherwise. I release all persons, firms and corporations from liability from any damage which may result from furnishing or obtaining such information.

I understand that, depending upon the position applied for, I may be subject to federal, state and/or Township pre-employment and random drug & alcohol testing. I understand that I may be subject to a criminal background check and verification of Driving Record. I understand this application shall be considered active for a time period not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time should reapply.

Finally, I understand that employment by West Pikeland Township is on an at-will basis and that, if employed, either West Pikeland Township or I may terminate my employment at any time, for any reason.

SIGNATURE	DATE