

Township of Colebrookdale
BERKS COUNTY, PENNSYLVANIA

765 W. Philadelphia Avenue
Phone: 610-369-1362

Boyertown, PA 19512
Fax: 610-367-7538

Employment Application

Colebrookdale Township is an equal opportunity employer. As such we actively seek to employ the best qualified applicants for employment and to promote the best qualified employees without regard to race, color, sex, national origin, age, religion, marital status, sexual orientation, veteran status, or disability, which does not interfere with performance of essential job functions after reasonable accommodation.

- (1) Please answer each question completely and accurately, and print clearly and legibly. Incomplete applications will not be accepted. False or misleading information on the application will be grounds for refusal to hire, or termination if not discovered until after hire. If you need assistance in completing the application, please ask for help.
- (2) Applications are considered in order of date received.
- (3) As a condition of employment, and depending on the position for which you are applying, you may be required to take and pass a drug and alcohol screening test.
- (4) As a condition subsequent to employment (after you are hired, but perhaps before you begin work), you may be required to take a complete physical examination including additional tests.

PLEASE READ CAREFULLY BEFORE SIGNING

I swear that all of the information contained in this application is true and correct. I understand that all of the information contained in this application is subject to verification by Colebrookdale Township, and that an investigation may include contacting prior employers, checking my driving records, a credit check, and a criminal records check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

I understand that as a condition of employment I will be required to successfully pass a drug and alcohol screening test if I am requested to do so. If an offer of employment is made to me, it may be contingent upon my taking and passing a complete physical examination.

I further understand that nothing in this application or in the granting or conducting of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me, and I understand that no such promise would be binding upon Colebrookdale Township unless made in writing and signed by an officer of the Township. Furthermore, I have been notified that the Pennsylvania courts recognize the employment-at-will doctrine. Therefore, I agree that I am employed "at-will", that it is not for any definite period of time, and that my employment may be terminated by me or by Colebrookdale Township at any time, for any legal reason with or without notice or progressive discipline.

Signature: _____ Date: _____

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM
Personal Computer <input type="checkbox"/> Yes _____ PC <input type="checkbox"/> No _____ Mac	Other Skills _____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

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			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Your Last Job Title			

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Your last job title			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____