



APPLICATION FOR EMPLOYMENT

BOROUGH OF FOUNTAIN HILL

941 LONG STREET
FOUNTAIN HILL, PA 18015

We consider applications for all positions without regard to age, race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For:	Date of Application:
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	<i>Number</i> Street	City State Zip Code
Telephone Number(s)	/ E- Mail address	Social Security Number (voluntary)

Best time to contact you is:	_____ AM / PM
If you are under 18 years of age, can you provide required proof of eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, give date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your friends or relatives work here? If Yes, who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? If Yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you every been convicted of a felony/misdemeanor? If Yes, please explain nature of felony/misdemeanor and list date of conviction:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for for work: ___ / ___ / ___	What is your desired salary range? _____
Are you available to work:	Full-Time _____ Part-time _____ Temporary (please indicate dates available ___ / ___ / ___ - ___ / ___ / ___)
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, extra-curricular activities, professional licenses, job related skills, and qualifications.

Describe any job-related training received in the United States military. Are you considered a veteran?

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3	Employer		<u>Dates Employed</u>		Work Performed
			From	To	
	Address				
	Telephone Number(s)		<u>Hourly Rate / Salary</u>		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

SPECIALIZED SKILLS

(CHECK SKILLS / EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production / Mobile	
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing	Machinery (List):	Other (List):
<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Office Equipment	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

***Note to Applicants:* DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!**

Can you perform the essential functions and duties of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

REFERENCES

1.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
	_____ (Years Known)	_____ (Relationship)	
2.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
	_____ (Years Known)	_____ (Relationship)	
3.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
	_____ (Years Known)	_____ (Relationship)	

Applicant Name: _____

Position Applying For: _____

Date of Application: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Salary / Rate _____ Department _____

By: _____

Name and Title

Date