



# 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	Number	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?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives work here?  Yes  No  
If Yes, who? \_\_\_\_\_

Are you currently employed?  Yes  No  
If Yes, may we contact your present employer?  Yes  No

Have you every been convicted of a felony/misdemeanor?  Yes  No  
If Yes, please explain nature of felony/misdemeanor and list date of conviction:  
\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.*  Yes  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?  Yes  No

Can you travel if a job requires it?  Yes  No

# EDUCATION

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

CDL- Driver's License Number	State	Class	Type	Expiration Date

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

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

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# 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> From                      To		Work Performed
	Address			
	Telephone Number(s)	<u>Hourly Rate / Salary</u> Starting                      Final		
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	<u>Dates Employed</u> From                      To		Work Performed
	Address			
	Telephone Number(s)	<u>Hourly Rate / Salary</u> Starting                      Final		
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	<u>Dates Employed</u> From                      To		Work Performed
	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	Production / Mobile Machinery (List):	Other (List):
<input type="checkbox"/> PC / MAC	<input type="checkbox"/> Word Processing	_____	_____
<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.

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**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 change 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