

# APPLICATION FOR EMPLOYMENT

## MIDDLETOWN TOWNSHIP

27 N. Pennell Road, Media, PA 19063

Middletown Township is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or any other characteristic protected by law.

### INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### APPLICANT QUESTIONS:

Type of worked desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.? \_\_\_ Yes \_\_\_ No

Are you 18 years of age or older? \_\_\_ Yes \_\_\_ No

How did you hear about this position? \_\_\_\_\_

Have you ever been arrested, if yes what was the disposition? \_\_\_ Yes \_\_\_ No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered.

### EDUCATION:

#### High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

#### College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

#### Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

### MILITARY EXPERIENCE:

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Occupation	Years Known	Contact Information
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Middletown Township is at-will, meaning that I or the Township may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Township to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Township, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Township may require the successful completion of a drug and/or alcohol test as a condition of employment.

I also understand and agree that no representative of the Township has any authority to enter into any agreement for my employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized representative.

**I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_