



TOWNSHIP OF MIDDLETOWN, LANGHORNE, PA

|                         |
|-------------------------|
| <b>APPLICANT ID NO.</b> |
|                         |

## APPLICATION FOR EMPLOYMENT

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or disability.*

|  |   |  |       |        |  |
|--|---|--|-------|--------|--|
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N<br/>A<br/>L</b> | Last Name   |  | First | Middle | Date   |
|  | Street Address  |  |       |        | Home Phone<br>(     ) —  |
|  | City, State, Zip  |  |       |        | Business Phone<br>(     ) —  |
|  | Have you ever applied for employment with us?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: Month and Year _____ Location _____                                 |  |       |        | Social Security No.  |
|  | Position Desired  |  |       |        | Pay Expected   |
|  | Apart from absence for religious observance, are you available for full-time work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   If not, what hours can you work? _____ |  |       |        | Will you work overtime if asked?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|  | Are you legally eligible for employment in the United States?   |  |       |        | When will you be available to begin work? _____  |
|  | Other special training or skills (languages, machine operation, Act 120 certification, etc.)  |  |       |        | Driver's License Number  |
| How did you learn of our organization?             |   |  |       |        |  |

| <b>E<br/>D<br/>U<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b> | SCHOOL                             | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE?   | DEGREE OR DIPLOMA |
|--|------------------------------------|-----------------------------|-----------------|------------------------|---|-------------------|
|  | College                            |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | High                               |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | Elementary                         |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |
|  | Other<br>(i.e. - Act 120 Training) |                             |                 |                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                   |

|   |
|---|
| <b>MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS</b><br><i>(Exclude those which may disclose your race, color, religion or national origin)</i> |
|   |
|   |



**DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED**

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination on the basis of age and disability. The law of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry and marital status.

|                                     |  |                              |   |
|-------------------------------------|--|------------------------------|---|
| <input type="checkbox"/>            | Are you a U.S. Citizen?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No   |
| <input checked="" type="checkbox"/> | Are you over 18 years of age?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Police Officer applicants must be 21 years of age) |
|                                     | If not, employment is subject to verification of minimum legal age.  |                              |   |
|                                     |  | Sex                          | <input type="checkbox"/> Male <input type="checkbox"/> Female                   |
| <input checked="" type="checkbox"/> | Have you ever been bonded?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No If Yes, with what employers? _____                  |
| <input checked="" type="checkbox"/> | State the names of relatives working for this township. _____  |                              |   |
| <input type="checkbox"/>            | Do you have any physical defects which preclude you from performing any of the tasks connected with the job for which you are applying?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No If yes, explain _____                               |
| <input checked="" type="checkbox"/> | Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No If Yes, describe in full. _____                     |

**AFTER COMPLETING APPLICATION, PLEASE READ CAREFULLY AND SIGN**

We appreciate your interest in Middletown Township and assure you that we will carefully review your qualifications. A clear understanding of your background and work history will aid us in considering you for the position that best meets your qualifications.

- I give permission to Middletown Township to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that any willful misrepresentation of facts contained in this application will be cause for my rejection or dismissal.
- I agree to be photographed by the Township.
- I understand that for the protection of myself and the residents, I will undergo a physical examination given by a physician approved by the Township and agree that a satisfactory physical examination is a requirement for my employment. I also agree to take a physical examination at such other times as required by the Township during the period of my employment.
- I agree that any personal property carried by me from the Township premises, including my packages, briefcase, or other hand luggage, may be inspected by authorized personnel.
- I agree to abide by all Township rules and regulations. I understand that if employed, my employment will be subject to the conditions of any applicable, special review period established by Township policy. I understand that this employment application and any other Township documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the Township at any time and for any reason. Failure to provide proper notice of resignation may result in the forfeiture of certain accrued benefits. I understand that no management representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.
- In the event of resignation or termination, I agree to return all Township property loaned to me such as identification badges, uniforms, tools, keys, etc. If these items are not returned, the Township may withhold from my final compensation due me, monies to cover the value of any unreturned Township property.
- Employees may be required to work with products containing hazardous substances, as defined by the Pennsylvania Community and Workers' Right-To-Know Law. A catalogue containing the necessary information on these products is available for your review in the Personnel Office.

The following question is voluntary and refusal to answer will have no adverse effect on the employment decision: in the process of requesting information as noted above, is there another name under which you have worked and/or attended school that we should use when making such inquiries on your behalf?

Yes \_\_\_\_\_  
Other Name (Please Print)

My signature below indicates that I have read, understood, and consented to the above statements. This authorization or photocopy shall serve as a consent for the Township to request any information concerning my application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE