

APPLICATION FOR EMPLOYMENT

The Township of Middletown is an equal opportunity employer. The Township of Middletown considers applicants for all positions without regard to race, color, ethnicity, national origin, religion, creed, gender, sex, sexual orientation, age, disability, political belief, or any other legally protected status.

Last Name	First Name		Middle Name		
Address		City, State, ZIP			
Email Address		Phone Number			
Position(s) Applying For	Department (options	a <u>l)</u>	Full-Time or Part-Tin	ne (optional)	
1.					
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Are you permitted to be lawfully employed thave you ever been previously employed by (If yes, please state position and dates of p	y Middletown Township?		Yes	No	
Are you 18 years of age or older?			Yes		
Driver's License Number	State	Class/Type	Expiration _		
Are you a veteran of any branch of the Uni	ted States armed forces?		Yes	No	
Have you been convicted of a felony or mis	demeanor in the last 10 years?		Yes	No	
If yes, please explain					
Certain positions are subject to background	d checks. Convictions will not no	ecessarily disqualify a	n applicant from emplo	yment.	
When are you available to begin work?					
How did you hear about this job?	Newspaper To	wnship Website	Online Job	Website	
	Walk-In Other (plea:	se explain)			



EDUCATION

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Name of School		Address of School		
Numbe	r of Years Completed	Yes Did you graduate?	No	Year of Graduation/Last Attended
College,	/University			
Name o	f School		Addre	ss of School
Years A	ttended	Yes Did you graduate?	No	Degree(s) Earned, if any
Other (I	ncluding Trade and/or P	ost-Graduate Education)		
Name of School		Addre	ss of School	
Years A	ttended	Yes Did you graduate?	No	Degree(s) Earned, if any
Please I		first with others in descend Please fill out completely an		Please list all employment, including military service. Attach vrite "see resume."
1.	Business/Organization	Name		Position(s)
	Business/Organization Address			Dates Employed
	Business/Organization	Phone Number		Reason For Leaving
2.	Business/Organization	Name		Position(s)
	Business/Organization	Address		Dates Employed
	Business/Organization	Phone Number		Reason For Leaving

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3.					
	Business/Organization Name Business/Organization Address Business/Organization Phone Number		Position(s)		
			Dates Employed		
			Reason For Leaving		
4.	Business/Organization Name		Position(s)		
	Business/Organization Address		Dates Employed		
	Business/Organization Phone Number		Reason For Leaving		
5.	Business/Organization Name		Position(s)		
	Business/Organization Address		Dates Employed		
	Business/Organization Phone Number		Reason For Leaving		
PROFES	SIONAL REFERENCES				
1.					
	Name	Title		Company	
	Relationship	Phone Number		Email Address	
2.	Name	Title		Company	
	Relationship	Phone Number		Email Address	
3.	Name	Title		Company	
	Relationship	Phone Number		Email Address	



CONSENT

By submission of this application, I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal after employment.

I authorize investigation of all statements contained in this application and acknowledge that certain positions are subject to background checks relevant to the sensitive nature of those positions, in accordance with the Township's background check policy and the Pennsylvania Criminal History Records Information Act (18 Pa.C.S. § 9125). I authorize the Township to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice, and for any and no reason, except for employees covered by a collective bargaining agreement or other contract, and will be governed by the terms and conditions of the contract. No employee or representative of the Township has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party, and that the Township reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.

I understand that the Township may make a conditional offer subject to the results of a drug and alcohol test, and in some
circumstances, a background check performed by the Middletown Township Police Department and/or a physical. Applicants under
18 years of age must have parental consent. Confirmed positive drug and/or alcohol test results will automatically disqualify an
applicant from employment.

Applicant Signature	Date	

Please send your completed employment application to Judy Reece at jreece@middletownbucks.org. Applications may also be hand-delivered or mailed to:

Middletown Township 3 Municipal Way Langhorne, PA 19047

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