

UPPER MAKEFIELD TOWNSHIP

Revised 12/12/02

APPLICATION FOR EMPLOYMENT

“Personal and Confidential”

Upper Makefield Township is an Equal Opportunity Employer

All applications must be filled out in its entirety. Any applications that are not filled out in their entirety could be cause for rejection.

Position Applied for: _____

Date: _____

I. Introductory Data

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

Are you of legal age to work: Yes/No (Circle One)

Are you eligible for employment in the USA: Yes/No (Circle One)

Were you previously employed by Upper Makefield Township: Yes/No (Circle One)

If selected, on what date will you be available for work? _____

Driver's License No. _____

State _____

II. Record of Education

A. Elementary School:(name)_____

(address)_____

Graduated: Yes/No (Circle One)

B. High School:(name)_____

(address)_____

Graduated: Yes/No (Circle One) Date of Graduation_____

Course of Study_____

C. College:(name)_____

(address)_____

Graduated: Yes/No (Circle One) Date of Graduation_____

Course of Study_____ Degree Obtained_____

D. Graduate School:(name)_____

(address)_____

Graduated: Yes/No (Circle One) Date of Graduation_____

Course of Study_____ Degree Obtained_____

E. Other Schooling-Technical/Trade:(name)_____

(address)_____

Graduated: Yes/No (Circle One) Date of Graduation_____

Course of Study_____ Degree Obtained_____

III. Work Experience

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

Job Related Skills: _____

IV. Personal References

1. Name _____
Address _____
Telephone No. _____
Occupation _____

2. Name _____
Address _____
Telephone No. _____
Occupation _____

3. Name _____
Address _____
Telephone No. _____
Occupation _____

V. General Data

Were you in the U.S. Armed Forces? Yes/No (Circle One)

If yes, what branch _____

Relevant training _____

Are you over the age of 18? Yes/No (Circle One)

Were you ever convicted of a crime excluding summary offenses in the past 10 years which has not been annulled or sealed by a court? Yes/No (Circle One)

If yes, describe in full: _____

List any relatives working for the Township: _____

Do you have any drug or alcohol dependency? Yes/No (Circle One)

If yes, describe in full: _____

VI. Conditions

In making this application, the undersigned hereby certifies that the undersigned has prepared this form and all information provided is true and correct. The undersigned understands that the making of a false statement of a material fact may result in the rejection of the application or dismissal of the employee. Furthermore, the undersigned hereby gives Upper Makefield Township permission to contact the employers and educational institutions listed on this application. Furthermore, the undersigned authorizes and consents to the release of information and records bearing on his or her academic record, financial and credit history, job performance, arrests and convictions, if any, to Upper Makefield Township. Furthermore, the undersigned understands that this application is not a contract of employment.

Signature of Applicant

Date

VII. Township Statement

Upper Makefield Township is an Equal Opportunity Employer. Upper Makefield Township does not discriminate in employment because of race, color, creed, religion, sex, national origin, age, citizenship or disability as disability is defined in the Americans with Disabilities Act.

**UPPER MAKEFIELD TOWNSHIP
1076 EAGLE ROAD
NEWTOWN, PA 18940
(215) 968-3340**

Authority for Release of Information and Records

In conjunction with my application for employment with Upper Makefield Township, I hereby authorize and consent to the release of information and records bearing on my personal history, academic record, credit history, job performance, arrests and convictions, if any, to a duly authorized representative of Upper Makefield Township.

This authorization includes permission to obtain copies and abstracts of records and information regarding my background.

The information will be used to assist Upper Makefield Township in completing a background investigation relative to my application for employment with Upper Makefield Township.

This authorization is valid for a period of six months commencing on the date below. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, present or former landlord, doctor, reference, criminal justice agency, or any other person furnishing such information or record.

Name

Date