



616 GERMANTOWN PIKE – LAFAYETTE HILL, PA 19444-1821
 TEL: 610-825-3535 FAX: 610-825-9416
www.whitemarshwp.org

WHITEMARSH TOWNSHIP APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, 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"/> Employment Agency _____	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Other

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

If you are under 18 years of age, can you provide required Proof of your eligibility to work? Yes No

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

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

Are you available to work: ___ Fulltime/___ Parttime/___ Shift Work/___ Temporary

Are you currently on "lay-off" status and subject to recall? _____

EDUCATION/TRAINING

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

Indicate Any Foreign Language(s) You Can Speak, Read and/or Write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship(s), skills and extra-curricular activities:

Describe any job-related training received in the United States military:

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

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held <i>(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):</i>

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills			
Check Skills/Equipment Operated			
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	Production/Mobile	Other (List)
<input type="checkbox"/> Fax	<input type="checkbox"/> MS Word	Machinery (List)	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Outlook	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Phone	_____	_____
	Answering System	_____	_____

State any additional information you feel may be helpful to us in considering your application
<p>Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING:</p> <p>Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

References
<p>1. Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>_____</p>
<p>2. Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>_____</p>
<p>3. Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>_____</p>

