



WHITEMARSH TOWNSHIP

616 Germantown Pike Lafayette Hill, PA 19444
www.whitemarshtwp.org

APPLICATION FOR EMPLOYMENT

Whitemarsh Township 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 Applying:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<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
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			

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

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	_____	_____

Any additional information that may be helpful in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING:

Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied?

YES NO

References

1. Name: _____ Phone Number: _____

Address:

2. Name: _____ Phone Number: _____

Address:

3. Name: _____ Phone Number: _____

Address:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged, in writing, by an authorized executive this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant: _____

Date: _____