



PALMER TOWNSHIP

Employment Application

3 Weller Place
 Palmer, PA 18045-1975
 Phone: 610-253-7191
 Fax: 610-253-9957
 Website: palmertwp.com

APPLICANT INFORMATION

| | | | | | | | | | | | |
|---|-----|--------------------------|----|--------------------------|--|-----|--------------------------|------|--------------------------|--|--|
| Last Name | | | | First Name | | | | M.I. | Date | | |
| Street Address | | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | | ZIP | | | |
| Home Phone | | | | Cell Phone | | | | | | | |
| E-mail Address | | | | | | | | | | | |
| Date Available | | | | Desired Salary | \$ | | | | | | |
| Position Applied for | | | | | | | | | | | |
| Are you employed now? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If so, may we contact your present employer? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| Are you a citizen of the United States? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | | |
| Have you ever worked for Palmer Township? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If so, when? | | | | | | |
| Have you ever been convicted of a felony? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If yes, explain | | | | | | |

EDUCATION

| | | | | | | | | | | | |
|-------------|----|--|-------------------|---------|--------------------------|----|--------------------------|--------|--|--|--|
| High School | | | | Address | | | | | | | |
| From | To | | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree | | | |
| College | | | | Address | | | | | | | |
| From | To | | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree | | | |
| Other | | | | Address | | | | | | | |
| From | To | | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree | | | |

REFERENCES

Please list three professional references.

| | | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |

PREVIOUS EMPLOYMENT

| | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

SKILLS

Please describe any specialized training, apprenticeship or skills you have that are appropriate for the position you are applying for:

ADDITIONAL INFORMATION

Please list any additional information you feel may be helpful to us in considering your application:

DISCLAIMER AND SIGNATURE

I certify that my answers 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 six months. 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 of 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:

