

TOWNSHIP OF UPPER MORELAND
117 Park Avenue
Willow Grove, PA 19090
An Equal Opportunity Employer
EMPLOYMENT APPLICATION

It is the policy of the Township of Upper Moreland to consider applicants for all positions without regard to race, religion, color, sex, age, marital status, national origin, disability (qualified individual with a disability), or sexual orientation.

Please complete all items and print in ink. **Information is checked carefully so please be sure it is accurate.**

PERSONAL DATA					
Name: _____		_____ - _____ - _____			
(Last)	(First)	(M.I.)	(area code) Home Telephone Number		
Address: _____		_____ - _____ - _____			
(Street)	(Apt #)		(area code) Cell Telephone Number		
_____		_____		_____	
(City)	(State)	(Zip)	Email address		
Is there any other name that you have used which we should be aware of in order to adequately check your employment or education history? (for example: maiden name) _____ _____					
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYMENT DESIRED					
How did you hear about the position? _____ If you were referred by a current employee please list employee's name above. _____					
Department of Position you are applying for: Please check the box or boxes which are applicable					
Public Works	Code Enforcement	Parks & Recreation	General:	Emergency Services	Administration
<input type="checkbox"/> Highway <input type="checkbox"/> Sanitation <input type="checkbox"/> Vehicle Maintenance	<input type="checkbox"/> Code <input type="checkbox"/> Zoning <input type="checkbox"/> Plumbing <input type="checkbox"/> Health	<input type="checkbox"/> Parks <input type="checkbox"/> Recreation <input type="checkbox"/> Building Maint.	<input type="checkbox"/> Clerical <input type="checkbox"/> Secretarial / Admin. <input type="checkbox"/> Receptionist <input type="checkbox"/> Dispatcher	<input type="checkbox"/> Fire <input type="checkbox"/> Emerg Mgmt. <input type="checkbox"/> Safety	<input type="checkbox"/> Finance <input type="checkbox"/> Technology <input type="checkbox"/> Taxes
<input type="checkbox"/> List Specific Position or Area of Interest: _____ Date available to start work: _____					
Position Classification: Please check box which indicates preference for position					
<input type="checkbox"/> Full Time / List Hours Available or Preferred: _____ <input type="checkbox"/> Part Time / List Hours Available or Preferred: _____ <input type="checkbox"/> Seasonal/ List Month(s) and Hours Available or Preferred: _____ <input type="checkbox"/> Other (explain) _____					
List office equipment and computer software you have experience with: _____ _____					
Are you Available for Evening Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible* to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any time restriction been placed upon your eligibility for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what restrictions: _____					
*NOTE: If hired, you will be required to submit proof of identification and eligibility to work in the United States					

PERSONAL HISTORY

Have you ever been convicted of a crime(s)? Yes No

If yes, please complete the following for each conviction:

Where: _____ Date: _____ Explanation of Conviction: _____ Was it a : _____ Sentence: _____
 Misdemeanor or Felony

Note: Disclosure of a criminal record **will not** necessarily disqualify you for employment. This information will be evaluated in relation to the position for which you are applying. **Please disclose any/all convictions, as your failure to disclose such information may disqualify you for employment or result in termination of employment.**

Have you ever applied for employment to the Township of Upper Moreland?..... Yes No

If yes, when and what position: _____

Have you ever been employed by the Township of Upper Moreland?..... Yes No

If yes, when and in what position: _____

Do you have any friends or relatives who are employed Township of Upper Moreland? If yes, please list name and relationship below: Yes No

If position for which you are applying requires operation of a motor vehicle, do you possess a valid driver's license and minimum insurance required by your state?..... Yes No

Driver's license number: _____ State: _____ Expiration Date: _____ Insurance Co. _____

MILITARY SERVICE DATA

Have you ever been a member of the armed forces of the U.S.?..... Yes No

If yes, dates of service: From _____ To _____

List any special skills or abilities, which directly relate to the job for which you are applying? _____

EDUCATIONAL DATA

Name & Address of School	Number of years completed	Did you Graduate?	Type of Degree/Diploma Received or Expected	Major/Minor Fields of Study
High School (last school attended)				
College/University				

Other (i.e. Advance Vocational, Business, Technical Secretarial, etc.)

List any honors or scholarships received: _____

List any extra-curricular activities which have a direct bearing on the position for which you are applying: _____

REFERENCES

List the names, etc. of three persons NOT related to you whom you have known at least one year preferably current / previous employers.

Name	Address	Phone Number	Years Acquainted

EMPLOYMENT HISTORY

Please give correct dates of all employment **starting with your most recent position**. Attach additional sheet to application if more space is required. **You must complete this section, even if you attach your resume.**

If you are currently employed, may we contact your present employer? Yes No

Dates Employed:	Employer' Name and Address:	Position Title: _____
From:		Responsibilities:
To:		
Supervisor's Name / Title / Telephone Number:		Starting Salary: _____ (annual or hourly)
		Final Salary: _____ (annual or hourly)
Accomplishments: _____		

Reason For Leaving: _____

Dates Employed:	Employer' Name and Address:	Position Title: _____
From:		Responsibilities:
To:		
Supervisor's Name / Title / Telephone Number:		Starting Salary: _____ (annual or hourly)
		Final Salary: _____ (annual or hourly)
Accomplishments: _____		

Reason For Leaving: _____

Dates Employed:	Employer' Name and Address:	Position Title: _____
From:		Responsibilities:
To:		
Supervisor's Name / Title / Telephone Number:		Starting Salary: _____ (annual or hourly)
		Final Salary: _____ (annual or hourly)
Accomplishments: _____		

Reason For Leaving: _____

APPLICANT'S CERTIFICATION

I certify that all information contained in this Employment application is true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or falsification of any information contained in this Employment Application or otherwise will be grounds for disqualification from further consideration for or termination of employment.

I authorize the Township of Upper Moreland to investigate my education, work experience and performance; and character and verify any information contained in this Employment Application. I authorize all current and former employer, schools, persons, government agencies, and organizations having relevant information or knowledge to provide it to the Township of Upper Moreland for its use in deciding whether or not to offer me employment. I release all employers, schools, persons, government agencies and organizations from any liability to which may arise as a result of responding to inquiries in connection with this Employment Application.

I understand that nothing contained in this Employment Application or in the granting of an interview is intended to create an employment contract between the Township of Upper Moreland and me for either employment or for the provision of any other benefit. If an employment relationship is established, I agree to comply with the Township of Upper Moreland policies and procedures. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated upon reasonable notice. I authorize the Township of Upper Moreland to deduct, to the extent permitted by law, any amount, which I may owe to the Township of Upper Moreland from any amount, which the Township of Upper Moreland may owe to me.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

By signing below, I certify that I have read and understood all of the questions and statements in this Employment Application.

Applicant's Signature

Date

TOWNSHIP USE ONLY

1. Interviewed by: _____ **Date:** _____

Dept.: _____ **Position:** _____

2. Interviewed by _____ **Date:** _____

Dept.: _____ **Position:** _____

3. Interviewed by _____ **Date:** _____

Dept.: _____ **Position:** _____