DOYLESTOWN TOWNSHIP

425 Wells Road, Doylestown, PA 18901 - 215-348-9915
info@doylestownpa.org - www.doylestownpa.org

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job related medical condition or disability or other legally protected status.

Position applied for: _____ Date or application: _____

Last Name: _____ First Name: _____

Address: _____ Phone Number: _____

City: _____ State, Zip: _____

Social Security Number: _XXX-XX-_____ Email Address: _____

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 please give approximate date: _____

Are you currently employed? Yes ☐ No ☐

May we contact your current employer? Yes ☐ No ☐

Are you prevented form lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment). Yes ☐ No ☐

On what date would you be available to work? _____

Are you available to work (Check One): Full Time ☐ Shift Work ☐ Part Time ☐ Temporary ☐

Are you currently on "lay off" status and subject to recall: Yes ☐ No ☐

Can you travel if the position requires it? Yes ☐ No ☐

Have you ever been convicted of a felony within the last seven years? Yes ☐ No ☐
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

_____

EDUCATION

	HIGH SCHOOL TRADE SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY	GRADUATE PROFESSIONAL
School Name/Location			
Years Completed			
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____
_____
_____

Describe any honors you have received: _____
_____
_____

State any additional information you feel may be helpful to us in considering your application: _____
_____
_____

List any professional, trade, business or civic activities and offices held: _____
_____
_____

You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry or disability or other protected status.

REFERENCES

Give us the name, address and telephone number of three references who are not related to you and are not previous employers:

1. _____

2. _____

3. _____

Have you ever had any job related training in the United States Military? Yes ☐ No ☐

If yes, please describe: _____

_____

_____

EMPLOYMENT EXPERIENCE

Please start with your present or last position, include any job-related military service assignments and volunteer activities. You may exclude an organization which indicates race, color, religion, gender, national origin, disability or other protected status.

Employer: _____ Length of Service: _____
Work Performed/Position Title: _____
Address: _____
_____ Telephone Number: _____
Supervisor: _____
Reason for Leaving: _____
_____

Employer: _____ Length of Service: _____
Work Performed/Position Title: _____
Address: _____
_____ Telephone Number: _____
Supervisor: _____
Reason for Leaving: _____
_____

Employer: _____ Length of Service: _____
Work Performed/Position Title: _____
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_____ Telephone Number: _____
Supervisor: _____
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Work Performed/Position Title: _____
Address: _____
_____ Telephone Number: _____
Supervisor: _____
Reason for Leaving: _____
_____

SPECIAL SKILLS AND QUALIFICATIONS

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

_____
_____
_____
_____
_____
_____

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.

I am not under any restrictions by virtue of an employment agreement with at former employer which would limit my functions or performances.

This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contact unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview 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: _____

DOYLESTOWN TOWNSHIP
EMPLOYMENT APPLICATION
SUPPLEMENTAL INFORMATION

All applicants applying for a position with the Township shall complete the following information.

Applicant's Driver's License # _____

If Applicant has Commercial Driver License Endorsements please list: _____

_____

_____

Please list all other operators' licenses that you have obtained i.e.: water, sewer, pesticide, etc.:
_____

_____

_____

APPENDIX – F

NON-UNIFORMED EMPLOYEES HIRING POLICY RELATED TO SMOKING AND TOBACCO USE

Purpose: This policy establishes Doylestown Township's requirements that any person hired for a full-time, non-uniformed position after January 1, 2012 shall be a non-smoker and non-tobacco user and shall verify that status as a condition of submitting an application for employment.

Applicability: This policy is applicable to all non-uniformed Township employees hired after January 1, 2012

Policy Statement: Medical Evidence clearly shows that smoking is harmful to a person's health. Smoke from cigarettes, cigars and pipes as well as chewing tobacco is also an irritant to many non-smokers and can worsen allergic conditions. In additions, the cost of medical insurance for non-smokers versus smokers and tobacco users is less expensive for the Township.

Therefore, the Township will no longer offer employment to smokers and tobacco users. As noted previously, as part of the hiring process, an Applicant must sign and verify a form that he/she is a non-smoker and non-tobacco user. If it is discovered that an Applicant has misrepresented or lied with respect to their status as a tobacco user or smoker, he/she shall be subject to immediate termination.

This policy is in furtherance of Resolution No. 1625 adopted by the Doylestown Township Board of Supervisors on May 1, 2012.

APPENDIX – F

NON-UNIFORMED EMPLOYEES HIRING POLICY RELATED TO SMOKING AND TOBACCO USE

AFFIDAVIT OF NON-SMOKING/TOBACCO USE

Name: _____

Address: _____

_____

Phone: _____

Email: _____

By signing below, I acknowledge that I have read and understand the Township's Policies prohibiting the hiring of full time non-uniform employees who are smokers and/or tobacco users, which said policy was effective January 1, 2012. By signing this document, I herein affirm and verify that I am not currently a smoker or tobacco user. I understand that if I have been deceptive with respect to the execution of this Affidavit and it is determined that I am a smoker and/or tobacco user, an offer of employment or my employment may be terminated.

I further understand that if I should commence smoking and/or tobacco use after I am employed full time by the Township that I will be subject to the progressive discipline policy under the Non-Uniform Personnel Rules and Regulations Manual.

Signature: _____

Date: _____

APPENDIX – F
NON-UNIFORMED EMPLOYEES HIRING POLICY RELATED TO SMOKING AN TOBACCO USE

VERIFICATION

I, _____, verify that the facts and statements contained in the foregoing Affidavit of Non-Smoking/Tobacco Use are true and correct to the best of my knowledge, information and belief. I understand that any false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsifications to authorities.

Name: _____

Date: _____

DOYLESTOWN TOWNSHIP
Public Works Laborer

SECTION 603(X) FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT REGARDING DRIVER LICENSE REPORTS

FOR JOB APPLICANTS: In conjunction with my application for employment with the prospective employer (Doylestown Twp) named above that will require the operation of motor vehicles on public roads or for my continuation of employment, I understand that this employer (Doylestown Twp) intends to obtain information concerning my driver's license record from the state which issued my current driver's license at time of hire and regularly during my employment.

FOR JOB APPLICANTS AND CURRENT EMPLOYEES: By signing below, I acknowledge having read the following disclosure, and I hereby authorize this employer (Doylestown Twp, or its authorized agents) to obtain the above referenced information. Further, if I am hired or if I am already employed by this employer (Doylestown Twp), this authorization shall remain on file with the employer (Doylestown Twp) and shall serve as an ongoing authorization for this employer (Doylestown Twp) to obtain this information about me any time during my employment. Any copy of this authorization shall be as valid as the original.

I also agree that any and all disputes arising from the prospective employer's (Doylestown Twp's) use of this information shall be brought only in state or federal court in the Commonwealth of Pennsylvania, and shall be governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania.

DISCLOSURE: I understand that this employer (Doylestown Twp) may use the information provided by such state agency in determining whether (1) to offer employment to me pursuant to Section 604 of the federal Fair Credit Reporting Act, or (2) to continue employment based on the findings of such report. I further understand that, if this prospective employer (Doylestown Twp) takes any adverse action (such as not offering me employment, as a contractor) based in whole or in part on this information, the prospective employer (Doylestown Twp) shall provide me a copy of the report containing the information obtained from the applicable state driver's license agency, including:

1. The name, address, and telephone number of the state agency that provided the report;
2. A statement that the state agency in question did not make the adverse decision and is not able to explain why the adverse decision was made;
3. A statement setting forth the applicant's right to obtain a free disclosure of the applicant's file from the state agency if the consumer makes a written request within 60 days; and,
4. A statement setting forth the applicant's right to dispute directly with the relevant state agency the accuracy or completeness of any information provided by such state agency.

Print Employer Name: Doylestown Township

Print Applicant/Employee Name: _____

Applicant/Employee Signature: _____ Date:

Driver's License #: State Which Issued Driver's License:

Note: This original form must be permanently maintained in this employee's personnel file.