



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:	Date of application:
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How did you learn about us?
 Advertisement Friend Relative Inquiry Employment Agency
 Other: _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Cell:	Home:		Best time to contact you at home is: ____:____ AM/PM	
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?
 If yes give date ___/___/___..... Yes No

Do any of your friends or relatives, other spouse, work here?..... Yes No

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? (Proof of citizenship or immigration status will be required upon employment.)..... Yes No

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

Date available for work ____ / ____ / ____

Are you available for work:
 Full time (please indicate 1 2 3 shift)
 Part time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

What is your desired salary range? _____

EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Please Specify)				

Describe any specialized training, apprenticeship, 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 From ___/___/___ To ___/___/___
Address		Hourly Rate/Salary Starting: _____ Final _____
Telephone Numbers		Work performed:
Job Title	Supervisor	
Reason for Leaving		

2. Employer		Dates Employed From ___/___/___ To ___/___/___
Address		Hourly Rate/Salary Starting: _____ Final _____
Telephone Numbers		Work performed:
Job Title	Supervisor	
Reason for Leaving		

3. Employer		Dates Employed From ___/___/___ To ___/___/___
Address		Hourly Rate/Salary Starting: _____ Final _____
Telephone Numbers		Work performed:
Job Title	Supervisor	
Reason for Leaving		

4. Employer		Dates Employed From ___/___/___ To ___/___/___
Address		Hourly Rate/Salary Starting: _____ Final _____
Telephone Numbers		Work performed:
Job Title	Supervisor	
Reason for Leaving		

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM	_____	_____
		_____	_____
		_____	_____

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

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

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? _____ YES _____ NO

REFERENCES (Please exclude family members)
1. Name
Title
Mailing Address
Telephone Number
Email Address

REFERENCES (Please exclude family members)
2. Name
Title
Mailing Address
Telephone Number
Email Address

REFERENCES (Please exclude family members)
3. Name
Title
Mailing Address
Telephone Number
Email Address

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: _____Yes _____No

Position(s) Considered For:

Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below indicates that I have read, I understand and I agree to the following:

1. The information provided by me in this employment application is true and complete. If I am hired, the discovery of false information provided or relevant information omitted – no matter when discovered – will result in the termination of my employment.
2. I authorize and encourage Quakertown Borough to make whatever inquiries it considers necessary of any person or organization which is not a consumer reporting agency to verify any information provided in this application to determine my job-related qualifications and abilities. In exchange for Quakertown Borough's agreement to receive, process, and consider my application for employment, I release Quakertown Borough and all persons, schools, and organization contacted by Quakertown Borough from liability for any damages arising out of Quakertown Borough's verification of the information provided in this application and/or its determination of my job-related qualifications and abilities.
3. Additionally, as part of Quakertown Borough's procedure for processing employment applications, there may be a job-related investigation and/or a report made by a consumer reporting agency. Information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others who know me. This inquiry may include information concerning my character, work habits – including reasons for past terminations from employment – general reputation, personal characteristics, and mode of living, to the extent they bear on my ability to perform the essential functions of the job(s) sought by me. I authorize a report made and to make whatever inquiries it considers necessary in connection with my application for employment or in the course of review of my employment. I authorize and encourage all person, schools, or organizations including, without limitation, companies, corporations, credit bureaus, departments of motor vehicles, and law enforcement agencies, to supply job-related information concerning my background to Quakertown Borough and its agents. I release Quakertown Borough, its employees and agents, and all persons who provide information concerning me to Quakertown Borough; its employees or agents, from liability for any damages arising out of supplying, receiving, or acting upon such information.
4. My application will apply only to currently available openings, and I must file other applications in the future to the extent that I seek employment in the future from Quakertown Borough.
5. Except as otherwise provided by a signed agreement covering my employment, if hired, my employment at Quakertown Borough would be "at will" and would continue only as long as I or Quakertown Borough wish it to continue. Either I or Quakertown Borough may terminate my employment at any time for any or no reason except as provided by law or signed agreement. To be effective, any modification of this "at will" arrangement must be in writing and signed by me and an authorized representative of Quakertown Borough.

Date

Applicant's Signature