



EMPLOYMENT APPLICATION

133 Browns Hill Road
Valencia, Pennsylvania 16059
(724) 898-3571 www.middlesextownship.org

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Township Manager.

(PLEASE PRINT)

Position(s) Applied For:	Desired Salary:	Date of Application:
<p>How did you learn about us?</p> <p><input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____</p>		

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: _____ Yes No
Have you ever been employed with us before? Yes No

If yes, give date: _____ Yes No
Do you have any relatives employed with us? Yes No

If yes, give name and location: _____ Yes No
Are you currently employed? Yes No

May we contact your present employer? Yes No
Are you a U.S. citizen or otherwise lawfully authorized to be employed in this country? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time
 Shift Work Temporary Yes No

Are you currently on furlough status and subject to recall? Yes No
Do you have transportation to and from work? Yes No

Are you able to work overtime hours (coming out early for your shift, holding over after your shift, being called out or being scheduled for overtime)? Yes No

If no, please explain: _____ Yes No
Have you been convicted of a felony or misdemeanor? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain: _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate Degree				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any relevant special job-related skills, training, and qualifications acquired from employment, volunteer activities, skilled trades, etc.

Describe any job-related training received in the United States military.

Are you requesting consideration of Veterans status? Yes No
(Note: per decisions of Pennsylvania's Supreme Court, preference for veterans is limited to entry level employment.)

If you are, provide the following information:

Date of Discharge: _____ Type of Discharge: _____
 (Verification of Veterans status may be required.)

EMPLOYMENT EXPERIENCE

Start with your present or last job. Give the name(s) of your immediate supervisor(s). 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. **If you need additional space, please continue on a separate sheet of paper.**

1. Employer _____ Address _____	Dates Employed		Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____
	From	To	
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

1. Employer _____ Address _____	Dates Employed		Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____
	From	To	
Telephone Number(s)		Hourly Rate/Salary	
Job Title	Supervisor	Starting	Final
Reason for Leaving			

1. Employer _____ Address _____	Dates Employed		Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____
	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

1. Employer _____ Address _____	Dates Employed		Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____
	From	To	
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

ADDITIONAL INFORMATION

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

REFERENCES

Personal References

1.	_____	(Name)	(Telephone)
	_____	(Address)	
2.	_____	(Name)	(Telephone)
	_____	(Address)	
3.	_____	(Name)	(Telephone)
	_____	(Address)	

Professional References

1.	_____	(Name)	(Telephone)
	_____	(Address)	
2.	_____	(Name)	(Telephone)
	_____	(Address)	
3.	_____	(Name)	(Telephone)
	_____	(Address)	

If you have been provided a job description, are you able to perform the essential functions of the job with or without accommodations? Yes No

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 understand that this employment application shall be considered valid for a period of time not to exceed ninety (90) days. If I still desire a position with Middlesex Township after this employment application expires, it will be my duty to complete a new employment application and file it with the Township.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, 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. (The Employer does not discipline employees, including at-will employees, on the basis of race, color, religion, gender, national origin, age, disability, marital status in retaliation for making an employment discrimination claim or utilizing statutorily protected or case law protected rights.)

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 published and inherent rules and regulations of Middlesex Township.

Signature of Applicant

Date

THANK YOU FOR APPLYING FOR EMPLOYMENT WITH MIDDLESEX TOWNSHIP

Middlesex Township Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER