

SELLERSVILLE BOROUGH
Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Sellersville Borough
Bucks County, PA

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone () _____

If under 18, please list DOB _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work

No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

CDL Applicants Only:

Driver's license number _____ State of issue _____

Expiration date _____

Have you had any accidents during the past three years?

How many? _____

Have you had any moving violations during the past three years?

How many? _____

OFFICE ONLY

Typing ☐ Yes
☐ No _____ WPM

10-key ☐ Yes
☐ No

Word Processing ☐ Yes
☐ No _____ WPM

Personal Computer ☐ Yes ☐ No PC ☐ Mac ☐

Other _____
Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Sellersville Borough, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Borough practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Sellersville Borough, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Borough Manager or designee. Both the undersigned and Sellersville Borough may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Sellersville Borough may unilaterally change or revise their benefits, policies and procedures.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Sellersville Borough permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Sellersville Borough from any liability as a result of such contract.

I also understand that (1) Sellersville Borough has a drug and alcohol policy that provides for pre-employment testing; (2) Sellersville Borough will require a pre-employment physical based upon the essential functions of the applicable position; and (3) Sellersville Borough will conduct reference and criminal background checks based upon the information provided. I agree to hold harmless Sellersville Borough for any reasonable and necessary information relevant to the employment process.

Signature of applicant _____ Date: _____

Sellersville Borough is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Sellersville Borough depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Community.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
Married ☐ Yes ☐ No If married, how long? _____ ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
Full name of spouse _____ Occupation _____
Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____
Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____
Location _____ Rate of pay _____ ☐ Full-time ☐ Part-time ☐ Salaried
Applicant's signature acknowledging above information _____
Drug test confirmation number _____
Name of person verifying information _____
Name of person authorizing employment _____