



P.O. Box 1, Pocopson PA 19366
Office: 610.793.2151 Fax: 610.793.1944
www.pocopson.org

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Pocopson Township. The application you submit will be reviewed and evaluated based upon the information you have supplied. Failure to answer all questions completely and accurately may mean the loss of an employment opportunity. Resumes may be attached prior to submitting the application. All applications will be kept on file for one year from the date of submission.

Pocopson Township considers all applicants for employment without regard to race, color, religion, ethnicity, gender, national origin, age, physical handicap, or any other protected status or classification in accordance with state and federal laws. Pocopson Township provides reasonable accommodation to qualified individuals with known disabilities in accordance with the Americans With Disabilities Act.

Date: _____

Position Desired: _____

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Type of Work: _____

full-time part-time summer temporary

Available Start Date: _____

Have you ever been employed by the Township? If yes, please provide details: _____

Do you have any relatives employed by the Township? If yes, please provide details: _____

EDUCATION: _____

High School/Year Graduated: _____

College/University and Year Graduated: _____

Graduate Study: _____

Business/Trade School and Year Graduated: _____

Current licenses and/or Certificates: _____

SPECIALIZED SKILLS (choose all that apply) _____

computer skills clerical skills typing telephone/reception

Please list any other machine or equipment skills or training or technical skills or professional knowledge: _____

EMPLOYMENT HISTORY:

Employer:

Address:

Phone:

Date(s) of employment:

Position Title:

Supervisor's Name:

Description of Duties:

Reason for leaving:

EMPLOYMENT HISTORY:

Employer:

Address:

Phone:

Date(s) of employment:

Position Title:

Supervisor's Name:

Description of Duties:

Reason for leaving:

EMPLOYMENT HISTORY:

Employer:

Address:

Phone:

Date(s) of employment:

Position Title:

Supervisor's Name:

Description of Duties:

Reason for leaving:

REFERENCE:

Name: _____ Relationship: _____

Address: _____ Phone: _____

REFERENCE:

Name: _____ Relationship: _____

Address: _____ Phone: _____

REFERENCE:

Name: _____ Relationship: _____

Address: _____ Phone: _____

OTHER INFORMATION:

Driving record will only be considered to the extent you will be driving a Township vehicle.

Drivers License No.	State of issue	Expiration
---------------------	----------------	------------

CDL License information

If under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Have you been convicted of a felony in the past seven years? If yes, explain. Yes No

I hereby give Pocopson Township the right to make a thorough investigation including a criminal record check, previous employment history, education and references. I release from liability all persons, companies, and corporations supplying such information and indemnify and hold harmless Pocopson Township from any liability which might result from such an investigation. I understand that nothing contained in this application or granting of an interview is intended to create an employment contract between Pocopson Township and myself. I understand that, if accepted for employment, I must abide by the rules and policies of Pocopson Township and that I will be hired in a probationary status.

PRINTED Name of Applicant: _____

Applicant's Signature: _____ **Date:** _____