

East Rockhill Township 1622 N. Ridge Road Perkasie, PA 18944 Phone: 215-257-9156

Fax: 215-257-1299

PERSONAL INFORMATON						
Name:			Social Security Number:			
Last	First	Middle	•			
Present Address:	Street	City	State	Zip Code		
Permanent Address			Otato	Zip Oode		
Permanent Address:	Street	City	State	Zip Code		
Home Number:		Cell Number:_				
Email Address(s):						
Driver's License ID	State Number:		Expiration:			
List any Relatives currently working for the Township:						
	Name					
How did you learn about the p	Name osition?		Relationship			
PA Career Link Township Web Site Other	ger's Consortium Member				_	
EMPLOYMENT DESIRED						
Position Name or Title:					_	
Full or Part Time? Wage Requirements?						
Date you can start?						
Are you employed now? Ye	s / No	If yes, may we inquire of yo	our present employer?	Yes / No		
EDUCATION						
	Name	Location	Years Attended	Did You Graduate	Major(s)	
High School						
College						
Graduate School						
Trade / Business /						
Correspondence School						
Please describe additional skil	lls, training or abilities you wo	ould like considered when eva	aluating your qualificat	ions:		

(=.st zast : sai omployors,	starting with the most curren	t employer)				
Company/Firm:			_ Supervisor(s):			
Duties:						
lah Titla.				Start		End
Job Tille.			From:	Mo/Yr	To:	Mo/Yr
Company/Firm:			Supervisor(s):			
Address:						
			_	Start	_	End
JOD TITIE:		From:		Mo/Yr	To:	Mo/Yr
Company/Firm:						
				Start		End
Job Title:			From:	Mo/Vr	To:	Mo/Yr
Company/Firms			Cupariaar(a):	IVIO/ I I		
·						
Dulles.			Pay Rate:	Start		End
Job Title:			From:	Mo/Yr	To:	Mo/Yr
REFERENCES (List the names of three pe	ersons not related to you who	om you have known for at	east one year)			
Name:						
			Occupation:			
Address:			Occupation: _			
		City		State		Zip
Address:				State		Zip
Telephone:		City Years Acqui	ainted:			Zip
Telephone:	Street	City Years Acqui	ainted:			
Telephone: Name:	Street	City Years Acqui	ainted: Occupation:			
Telephone:	Street	City Years Acqui	ainted:			
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Name: Address: Telephone: Name: Address: Telephone: Telephone:	Street	City Years Acqui	occupation: Occupation: Occupation: ainted:	State		Zip
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Name: Address: Telephone: Name: Address: Telephone: Telephone:	Street	City Years Acqui	occupation: Occupation: Occupation: ainted:	State		Zip

 Are you able, without accord Are you able, with accord 	"Job Description" for this position? Yes / No If "Yes," please complete questions 2 through 4. commodation, to perform all of the essential functions of the job for which you are applying? Yes / No modation, to perform all of the essential functions of the job for which you are applying? Yes / No any accommodation that you need:	
	job for which you are applying that you cannot perform with <u>or</u> without accommodation? Yes / No	
U. S. MILITARY SERVICE Dates of Service:	Branch of Service:	
Type of Discharge:	Date:	
Rank/Grade:	Principle duties:	
OTHER Are you a citizen of the Unite If not, are you an alien lawful Have you ever been convicted	ly authorized to work in the United States? Yes / No	
If "Yes, " Please explain and	provide date(s) and location(s) of all convictions:	
drug/alcohol test following a the results of such a test will understand that if I refuse to fail to successfully complete Permission is hereby granted employment history, charact Rockhill Township and all pe	encement of employment with East Rockhill Township is conditioned upon passing a physical examination of offer of employment. I agree to undergo the pre-employment physical and drug/alcohol test. I understand the disclosed only to East Rockhill Township's Manager and others with the need to know, or as required by law consent to testing, or fail to provide a urine sample when requested, provide a false or tampered urine sample the physical and drug/alcohol tests, I will not be hired in accordance with East Rockhill Township's policy. If to East Rockhill Township to conduct a thorough investigation and to solicit information as to my educational after, and general reputation, credit and criminal conviction record. I release, indemnify and hold harmless Earsons or organizations from and against any and all liability arising from such statements, their solicitation used make a written request within a reasonable period of time to receive complete information about the nature of	that v. I , or and ast e. I
employment or for the grant without cause. No promises upon East Rockhill Township definite period of time and the If terminated, I authorize Ea Township from any amount of	yment application, granting of an interview and any other East Rockhill Township documents are not contracts ing of benefits, and that any individual who is hired may voluntarily leave or be terminated at any time, with a regarding employment have been made to me, and I understand that no such promise or guarantee is bind of unless made in writing. If an employment relationship is established, I understand and agree that it is not for at I have the right to terminate my employment at any time and that East Rockhill Township retains a similar rights Rockhill Township to deduct, to the extent permitted by law, any amount which I may owe to East Rockhill Township may owe me. I understand that no representative of East Rockhill Township has a to any agreement for employment for any specified period of time or to make any agreement contrary to	or ling or a ght. khill any
false, inaccurate or omitted s time. I, furthermore, agree to I understand that, if accepted be a probationary employee	nade by me on my application are true and correct to the best of my knowledge and belief. I understand that a tatements of a material fact could be cause for rejection of my application or termination of my employment at a maintain the accuracy of the information contained in this application if I am employed by East Rockhill Townshift for employment, it is necessary for me to abide by the rules and policies of East Rockhill Township and that I in accordance with the policies of East Rockhill Township. by my signature consent to these statements.	any nip.

Date: _____

Signature of Applicant:_____