

Application for Employment



Tredyffrin Township is an Equal Opportunity Employer. The Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital status, military status, sexual orientation, political party affiliation, or disability in accordance with applicable law. The Township complies with all federal, state, and local laws relating to the hiring of employees and the work place, including but not limited to all applicable laws relating to veteran's preference.

PERSONAL INFORMATION

POSITIONS FOR WHICH YOU ARE APPLYING		DATE OF APPLICATION			
LAST NAME		FIRST NAME		MIDDLE INTIAL	
ADDRESS (STREET, CITY, STATE, ZIP)					
PHONE NUMBER(S)		E-MAIL			
Please check preferred status		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> No Preference
Date available to start					
Are you at least 18 years of age at the time of application? <i>If no, hire is subject to verification that you are if minimum legal age to work</i>		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you permitted to be lawfully employed in the United States? <i>Proof of citizenship or immigration status will be required upon employment</i>		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you a veteran of any brand of the United States Armed Forces?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Are you able to perform the essential functions of the position you are applying to with or without reasonable accommodation?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you have a valid Drivers' License? <i>Not required for all positions</i>		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever filed an application with us before?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been convicted of a misdemeanor or felony? <i>Conviction may not necessarily disqualify an applicant from employment</i>		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please state the violation, court of jurisdiction, and date of conviction					
Do you have any relatives who are currently employed by the Township?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please identify their name(s), relationship to you, and the position for which they work					

EMPLOYMENT EXPERIENCE

Start with your present or last job and go back at least seven (7) years. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

EMPLOYER		DATE EMPLOYED	From:	
ADDRESS			To:	
PHONE NUMBER		HOURLY/SALARIED RATE	Starting:	
JOB TITLE			Final:	
SUPERVISOR		MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON FOR LEAVING				

WORK PERFORMED

EMPLOYER		DATE EMPLOYED	From:	
ADDRESS			To:	
PHONE NUMBER		HOURLY/SALARIED RATE	Starting:	
JOB TITLE			Final:	
SUPERVISOR		MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON FOR LEAVING				

WORK PERFORMED

EMPLOYER		DATE EMPLOYED	From:	
ADDRESS			To:	
PHONE NUMBER		HOURLY/SALARIED RATE	Starting:	
JOB TITLE			Final:	

SUPERVISOR		MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON FOR LEAVING				
WORK PERFORMED				
EMPLOYER		DATE EMPLOYED	From:	
ADDRESS			To:	
PHONE NUMBER		HOURLY/SALARIED RATE	Starting:	
JOB TITLE			Final:	
SUPERVISOR		MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REASON FOR LEAVING				
WORK PERFORMED				

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

EDUCATION				
List all high school, colleges, universities, graduate schools and professional schools attended				
NAME	CITY	GRADUATED?		COURSE OF STUDY/DEGREE EARNED
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe any additional skills, training or ability you would like to have us consider in evaluating your qualifications				

REFERENCES

Please provide the names of three persons not related to you whom you have known at least one year

NAME	ADDRESS	PHONE NUMBER	EMAIL	RELATIONSHIP

CONSENT

With the submission of this application I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal after employment.

I authorize investigation of all statements contained in this application and authorize the Township to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice and for any and no reason. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the Township has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party and that the Township reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.

I understand that the offer of employment is contingent on the results of a pre-employment drug test. Applicants under 18 years of age must have parental consent. Confirmed positive test results will automatically disqualify an applicant from employment.

Applicant Signature

Date

PHONE:
610.644.1400
FAX:
610.981.4280

TREDYFFRIN TOWNSHIP
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