

Schwenksville Borough Authority
 298 Main St
 Schwenksville, PA 19473
schwenksvillebaws@gmail.com



*Prospective employees will receive consideration
 without discrimination based on race, creed,
 color, national origin, sex, age, handicap, veteran
 status or any condition prescribed by state or local law.*

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Additional Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____			Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employer? _____
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Position Desired			
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses which have not been annulled or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full. _____			
	Other special training or skills (languages, machine operation, etc)			

E D U C A T I O N	School	Name & Location	Course of Study	No. of years completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Trade/ Tech				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed-(State, month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

2	Company Name	Telephone ()
	Address	Employed-(State, month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

3	Company Name	Telephone ()
	Address	Employed-(State, month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

4	Company Name	Telephone ()
	Address	Employed-(State, month and year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason for leaving

<i>We may contact the employers listed above unless you indicate those you do not want us to contact.</i>	DO NOT CONTACT	
	Employer Number (s)	_____
	Reason	_____

MILITARY	Did you serve in the Armed Forces?	If "Yes," in what Branch?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any training received relevant to the position for which you are applying.		

FOR EMPLOYER'S USE ONLY

Reference Check	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

Test Results	Tests Administered	Raw Score	Rating	Analysis and Comments

Interview	Interviewer Name and Comments

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.
(Exclude those which may disclose your race, color, religion, age or national origin)

APPLICANT'S SIGNATURE

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature