



BOROUGH OF COLLINGDALE

800 MACDADE BOULEVARD
COLLINGDALE, PA 19023
610-386-0300 FAX 610-386-9065

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Social Security Number _____
Area Code

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? No Yes
(Conviction will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Do you have a valid Pennsylvania Driver's License? Yes No

If yes, please provide License Number. _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
2	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
3	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					
4	Employer	Telephone ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
Supervisor					
Reason for Leaving					

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

Education

	Elementary					High				College/University				Graduate/ Professional			
School Name																	
Years Completed/Degree	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course Of Study:																	
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities																	

Honors Received: State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

INTERVIEWER _____ DATE _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE