

TOWNSHIP OF HAVERFORD

Application for Employment
An Equal Opportunity Employer

Haverford Township considers applicants for all positions without regard to race, color religion, creed, gender, national origin, age disability or any other legally protected status.

This application must be completed in its entirety in order for the Township to accept the application as complete. PLEASE PRINT (do not type), an answer to every question. If a particular question does not apply to you, so state with *N/A*. If the space provided is insufficient use a supplemental page(s) and list the applicable page(s) and question number(s).

Mistakes made should ONLY be corrected by drawing a single line through the mistake and placing your initials at the end. MISTAKES ARE NEVER TO BE CORRECTED WITH WHITEOUT OR ERASED.

DO NOT MISSTATE OR OMIT MATERIAL FACT(S) SINCE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.

MISSTATEMENT(S) OR OMISSION(S) IS CAUSE FOR REJECTION. IT SHOULD BE NOTED THAT FALSIFICATIONS OR INTENTIONAL MISSTATEMENTS, MATERIAL HALF TRUTHS AND OMISSIONS ARE CAUSE FOR REJECTION FOR APPOINTMENT, AND REVOCATION OF APPOINTMENT REGARDLESS OF THEIR TIME OF DISCOVERY.

You are notified that all statements and background information will be thoroughly investigated by Haverford Township.

This application will be kept on file for one year from the date it is submitted. It is the applicant's responsibility to ensure that a current application is on file. This will include the applicant notifying the Township of any changes in their address, phone number(s).

Name:

Date submitted

Received by

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Application must be fully completed to be considered Please complete each section, even if you attach a resume.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name

Address City State Zip

Phone number Email address

Are you legally eligible to work in the U.S.?
Yes No

Are you a Veteran?
Yes No

****If selected you will be required to submit a background check prior to employment****

Position

Position you are applying for Available start date Desired Pay

Education

School Name Location Highest Grade Completed Degree

References (List three who are not related or employees of the township.)

Name Address Phone numbers (work, home, cell)

1

2

3

Employment History

1.) Current Employer Applications job title

Work phone Dates employed

Address City State Zip

Reason for Leaving

2.) Employer Applications job title

Work phone Dates employed

Address City State Zip

Reason for Leaving

3.) Employer Applications job title

Work phone Dates employed

Address City State Zip

Reason for Leaving

- 1.) Have you ever completed an application with the Township of Haverford? Yes No
- 2.) Have you ever worked for the Township of Haverford before? Yes No
If yes, dates of employment, department(s), supervisor(s) and reason for leaving

3.) Driver's License Number: State: Class:
Expiration Date: *Do you have a CDL? Yes No
Has your driver's license ever been suspended? Yes No
If so, date(s) and for what reason?

4.) List any skills or training which you believe will benefit the position you are applying for:

Consent

On this _____, day of _____, 20____, I have completed this application and understand the contents. The information I have given is correct to the best of my knowledge and belief and does not knowingly contain any material or misrepresentations of facts, or omission of facts. I understand that any material misrepresentation of facts or omission of facts given by me shall be cause for rejection before appointment or dismissal from the Township of Haverford work force.

I authorize the Township of Haverford to investigate all statements contained in this application. I understand that if it is found that I have falsified this application I will be subject to dismissal.

I understand that all employees of the Township of Haverford are employed at will, which means that either the Township of Haverford or the employee may terminate the employment relations at any time, with or without notice and for any reason(s). Employees covered by the collective bargaining agreement will be governed by the terms and conditions of the contract.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____