

# West Rockhill-Sellersville Joint Recreation Authority

140 East Church Street  
Sellersville, PA 18960

## EMPLOYMENT APPLICATION

Date completed \_\_\_\_\_

### CONFIDENTIAL

Federal and state laws prohibit discrimination in employment on the basis of race, color, religion, sex, national origin, age or non-job-related handicaps or disabilities. Sellersville Borough honors these principles

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
PERMANENT STREET ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS		HOME PHONE NUMBER	
		CELL PHONE #	
NAME OF PERSON		ALTERNATE PHONE NUMBER	
Are you a citizen of the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no: _____	
Have you ever been employed by Sellersville Borough <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF VISA	IMMIGRATION NUMBER
		If yes, when: _____	

### EMPLOYMENT DESIRED

Desired Status <input type="checkbox"/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Sat./Sun.
	POSITION DESIRED
FIRST CHOICE	
SECOND CHOICE	
THIRD CHOICE	

Temporary/Summer \_\_\_\_\_ DATE AVAILABLE

Please list special abilities which will assist us in placing you:  
\_\_\_\_\_

How did you learn of this opening?  
 Advertisement (List publication)  Job Opening Line  
 Employee (Name)  Other: \_\_\_\_\_

Do you consider yourself to be able to perform all of the essential functions required by the job(s) for which you are making application with or without reasonable accommodation?  Yes  No If no, please explain:  
\_\_\_\_\_

### EDUCATION

Circle highest grade completed: 8 9 10 11 12 1 2 3 4

GRADUATE WORK / DEGREE

	NAME OF SCHOOL	LOCATION: CITY, STATE	COURSES TAKEN	DIPLOMA DEGREE	YEAR
HIGH SCHOOL				CERTIFICATION	GRADUATED
COLLEGE				CERTIFICATION	
VOCATIONAL OR BUSINESS				CERTIFICATION	
OTHER TRAINING				CERTIFICATION	

## EMPLOYMENT RECORD

It is essential that this portion of the application be completed in full. Please list present or most recent employer first.

1)	COMPANY OR EMPLOYER'S NAME			COMPANY PHONE NUMBER	FROM MO./YR.		TO MO./YR.	
	STREET ADDRESS		CITY	STATE	SUPERVISOR'S NAME & TITLE			
Your title and description of duties: _____								
If current employee, may we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why not? _____								
2)	COMPANY OR EMPLOYER'S NAME			COMPANY PHONE NUMBER	FROM MO./YR.		TO MO./YR.	
	STREET ADDRESS		CITY	STATE	SUPERVISOR'S NAME & TITLE			
Your title and description of duties: _____								
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why not? _____								
3)	COMPANY OR EMPLOYER'S NAME			COMPANY PHONE NUMBER	FROM MO./YR.		TO MO./YR.	
	STREET ADDRESS		CITY	STATE	SUPERVISOR'S NAME & TITLE			
Your title and description of duties: _____								
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, why not? _____								

Please explain periods of unemployment: \_\_\_\_\_

Professional references if different than above

NAME

TITLE

RELATIONSHIP TO YOU

PHONE #

### SKILLS

EEOC Guidelines on Employee Section Procedures are observed so that skills or abilities which are normally learned in a brief orientation will not impact adversely upon your application for employment.

Word       Power Point       Other computer skills:  
 Excel       Bookkeeping       Other, specify: \_\_\_\_\_  
 Transcription

Please list any technical, trade, or mechanical skills: \_\_\_\_\_

### PROFESSIONAL LICENSES OR CERTIFICATIONS

TYPE

ORGANIZATION OR STATE ISSUED

EXPIRATION

NUMBER

## MISCELLANEOUS INFORMATION

Member of Professional Organizations: \_\_\_\_\_

Honors received, volunteer or community services or other qualifications you have which you feel are related to the position for which you are applying: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No  
If yes, for what, when, and where? \_\_\_\_\_  
(Exclude summary or misdemeanor offenses.)

## EMPLOYMENT APPLICATION RELEASE

I voluntarily give Sellersville Borough the right to make a thorough investigation of my past employment, education, and activities, and agree to cooperate in such investigation. I furthermore release from all liability and responsibility all persons, companies or corporations supplying such information to Sellersville Borough regarding my past employment, education, and activities. I release, indemnify and hold harmless Sellersville Borough from and against any and all liability which might result from making such an investigation.

I voluntarily give Sellersville Borough the right to check my Criminal History Background and/or Child Abuse History. Furthermore, I do affirm that the reports will be free from history unless otherwise disclosed. I understand that my employment is temporary until the official clearances are received.

If offered employment, I will undergo a pre-placement physical examination. I understand that any offer of employment I may receive is conditioned upon the results of the physical examination. The results are used specifically to determine whether I can perform the essential functions of the job. I also agree to submit to future physical examinations as required by this institution at time and places the institution designates. I understand that continued employment is conditioned upon the results of such physical examinations.

I certify that the information in this application is true and correct to the best of my knowledge, and I understand that false statements or omissions of fact are sufficient grounds for rejections for employment or dismissal after employment.

I also understand that nothing contained in this application or the granting of an interview is intended to create a contract between Sellersville Borough and myself for employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Sellersville Borough unless made in writing by the Borough Manager of Sellersville Borough.

I understand that if I am employed it will be on a probationary or trial basis for a period of at least 90 days, during which time most benefits will not be extended to me. I also understand and agree that employment with Sellersville Borough is on an "at will" basis and my employment may be terminated or my job/position may be terminated, without cause, and without prior notice, at any time. I further agree that if I am offered employment by Sellersville Borough and accept that employment, I will abide by the rules and regulations of Sellersville Borough. Upon my termination of employment with Sellersville Borough, I authorize the release of information regarding my work to requesting parties.

---

APPLICANT'S SIGNATURE

DATE

## APPPLICANT'S REFERENCE AUTHORIZATION

I hereby authorize the addressed individual, company or institution to furnish Sellersville Borough with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, company or institution and all individuals connected therewith, including Sellersville Borough, from any liability for any damage whatsoever incurred in furnishing such information.

---

APPLICANT'S SIGNATURE

DATE

**FOR OFFICE USE ONLY**

		CODE
START DATE		
JOB TITLE		
GRADE		
DEPT/COST CENTER		
STATUS		
SHIFT		
WAGE		
REPLACING (?)		

		CODE
ORIENTATION DATE		
D.O.B.		
SEX		
MAIDEN NAME / ALIAS		
E.E.O. CODE		
MARITAL STATUS		

**DATE OFFER MADE** \_\_\_\_\_

**DATE ACCEPTED / DECLINED** \_\_\_\_\_