

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 #

If you cannot be reached at the above phone number, where may we contact you? _____

Are you 18 yrs. of age? ☐ Yes ☐ No

If No, date of birth _____

NAME OF PERSON

ALTERNATE PHONE NUMBER

Are you a citizen of the U.S.A.? ☐ Yes ☐ No

If no:

TYPE OF VISA

IMMIGRATION NUMBER

Have you ever been employed by Sellersville Borough ☐ Yes ☐ No 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	SHIFT/HOURS
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 CERTIFICATION CERTIFICATION	_____ YEAR GRADUATED
HIGH SCHOOL					
COLLEGE					
VOCATIONAL OR BUSINESS					
OTHER TRAINING					

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

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? ☐ Yes ☐ No. If no, why not?

2) _____
COMPANY OR EMPLOYER'S NAME

COMPANY PHONE NUMBER

STREET ADDRESS CITY STATE SUPERVISOR;S NAME & TITLE

Your title and description of duties: _____

May we contact this employer for a reference? ☐ Yes ☐ No. If no, why not?

3) _____
 COMPANY OR EMPLOYER'S NAME

COMPANY PHONE NUMBER

STREET ADDRESS CITY STATE SUPERVISOR'S NAME & TITLE

Your title and description of duties: _____

May we contact this employer for a reference? ☐ Yes ☐ 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

APPLICANT'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 _____