

Lower Alsace Township  
1200 Carsonia Avenue  
Reading PA 19606  
Phone (610) 779-6400  
Fax (610) 370-0797



Date: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, handicap or any other status protected by law. We are an Equal Opportunity Employer.

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*No. Street City State Zip Code*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
*Home Mobile*

Position Applied for: \_\_\_\_\_ Are you of legal age to work? Yes No

Desired Salary: \_\_\_\_\_ Full Time Part Time Date Available \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes No *(If hired, verification will be required by law)*

Are you currently employed? Yes No

Indicate Special Qualifications or Skills: \_\_\_\_\_

Have you worked for us before? Yes No If YES, When \_\_\_\_\_ Position: \_\_\_\_\_

Have you ever been convicted of a crime *(excluding misdemeanors and traffic offenses)*? Yes No

If YES, list convictions *(A conviction does not necessarily disqualify an applicant. You are not required to disclose sealed or expunged records.):*

\_\_\_\_\_  
\_\_\_\_\_

## MILITARY SERVICE

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Rank & Duties: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than Honorable Discharge, please explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

*Please start with Current Employer, then list most recent employer(s)*

Current Employer:	Phone No.:	Dates of Employment:
Employer Address:		Position:
Duties:		Supervisor's Name:
Reason for Leaving:		Final Salary/Wage:
May we contact your current Supervisor for a Reference?                      Yes      No		

Previous Employer:	Phone No.:	Dates of Employment:
Employer Address:		Position:
Duties:		Supervisor's Name:
Reason for Leaving:		Final Salary/Wage:
May we contact your previous Supervisor for a Reference?                      Yes      No		

Previous Employer:	Phone No.:	Dates of Employment:
Employer Address:		Position:
Duties:		Supervisor's Name:
Reason for Leaving:		Final Salary/Wage:
May we contact your previous Supervisor for a Reference?                      Yes      No		

**PERSONAL REFERENCES**

*Please list three professional references*

NAME	ADDRESS	YEARS KNOWN	PHONE/EMAIL

The above information is true and complete to the best of my knowledge. Should Lower Alsace Township employ me, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Lower Alsace Township, in compliance with the provisions of the Fair Credit Reporting Act of September 1997, may contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Lower Alsace Township.

I understand this application does not constitute an employment contract of any kind. Should Lower Alsace Township employ me, I may resign such employment at any time discretion with or without notice and Lower Alsace Township may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_