

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: _____



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

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

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Social Security Number _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email address _____

Are you legally eligible to work in the U.S.?

Are you a Veteran?

Yes _____ No _____

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

Applicants job title

Work phone

Dates employed

Address

City

State

Zip

Reason for leaving

2.) Employer

Applicants job title

Work phone

Dates employed

Address

City

State

Zip

Reason for leaving

3.) Employer

Applicants 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.) Drivers 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 relationship 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: _____