LOWER FREDERICK TOWNSHIP JOB APPLICATION



Lower Frederick Township, Montgomery County is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:				
Name				Date
Last			Middle	
Address				
Number & Str	eet	City	State	Zip Code
Position Sought			Full Time	e Part Time
Date Available		Salary De	sired	
Phone #		Email Ad	dress	
Social Security Numbe	r			
Are you over 18 years	old?	Yes No		
Are you legally eligible				ates?Yes No

High School: No. of Yrs Completed (circle one) 1 2 3 4 Diploma: __ Yes __ No G.E.D.: __ Yes __ No School(s) City/State **College and/or Vocational School:** Number of Years Completed (circle one) 1 2 3 4 School(s) _____ City/State _____ Major ______ Degrees Earned _____ Other Training or Degrees: School(s) _____ City/State _____ Course ______ Degree or Certificate Earned _____ PROFESSIONAL LICENSE OR MEMBERSHIP: Type of License(s) Held_____ State of Pennsylvania License Number License Expiration Date Other Professional Memberships _____ Do you have a valid CDL? Yes _____ No ____ What type? _____ (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

EDUCATION: Please indicate education or training which you believe qualifies you for

the position you are seeking.

This application for employment is good for ninety (90) days only. Consideration for employment after ninety (90) days requires a new application.

QI	JESTIONS:		
1.	Are you available to work weekends and holidays?	Yes	No
2.	Are you available to do emergency work on call?	Yes	No
3.	Do you have any restrictions that would prevent you from working during certain time periods of the day, week, or month?	Yes	No
4.	Do you have any transportation restrictions that would prevent you from getting to work during certain time periods of the day, week, or month?	Yes	No
5.	Do you have any restrictions that would prevent you from working outside in all kinds of weather conditions such as rain, sleet, snow, and heat?	Yes	No
6.	Do you have any restrictions that would prevent you from performing all types of physical labor, including pick work,		
	shovel work, sewer cleaning, snow removal, and heavy lifting?	Yes	No
7.	Have you ever applied or worked for Lower Frederick Township in	Yes	No

the past?

SKILLS: Office
Typing Microsoft Word Excel Powerpoint Quickbooks
Network Technology Billing/Collecting
Other Software Skills
Road/Maintenance
Do you have any past experience driving a truck? Yes No
(a) If so, please describe:
Have you ever had any past experience in operating heavy equipment, power equipment and/or mowers? Yes No (a) If so, please describe:
Do you have experience performing maintenance on equipment? Yes No
Do you have any carpentry or building maintenance experience? Yes No
RECORD OF CONVICTION :
During the last ten years, have you ever been convicted of a crime other than minor traffic offense? Yes No
If yes, explain:
(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last emp	loyer first, including l	J.S. Military Service.
May we contact your presen	t employer? Y	es No
If any employment was unde	r a different name, ir	ndicate name
Employer	Address	
Telephone	_ Position	
Dates of Employment: From	Mo/Yr Mo/Yr	
Salary Superviso	or	_ Department
Duties	F1	Г PT No. of Hrs
Reason for Leaving		
Employer	Address	
Telephone	_ Position	
Dates of Employment: From	Mo/Yr To Mo/Yr	
Salary Superviso	or	_ Department
Duties	F1	Г PT No. of Hrs
Reason for Leaving		

Employer	Address	
Telephone	Position	
Dates of Employment: From __	Mo/Yr Mo/Yr	
Salary Superviso	r	Department
Duties	F1	PT No. of Hrs
Reason for Leaving		
Employer	Address	
Telephone	Position	
Dates of Employment: From ₋	Mo/Yr Mo/Yr	
Salary Superviso	r	Department
Duties	F1	PT No. of Hrs
Reason for Leaving		
If you wish to describe addition a separate piece of paper.		e, attach the above information for each position
Explain any gaps in work histo	ory:	
Have you ever been discharg	ed or asked to resign	from a job?YesNo
If yes, explain:		

REFERENCES:

Professional	Personal
Name	Name
Address	Address
Phone ()	Phone ()
Email	Email
Name	Name
Address	Address
Email	Email
Phone ()	Phone ()

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Lower Frederick Township to verify their accuracy and to obtain reference information on my work performance. I hereby release Lower Frederick Township from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause. It is my understanding that if I am offered employment, I must be able to perform the essential functions of the job and satisfactorily meet the Township's requirements, including:

- 1) Successful completion of an employment physical exam for all applicants to Township Public Works positions, which will include the completion of a medical history questionnaire and possibly testing for drugs and/or alcohol.
- 2) Satisfactory references secured by the Township from employers and/or references.
- 3) The submission of documents of proof of citizenship or proof of authorization to work in the United States.
- 4) I understand and agree that any falsification, omissions, or misleading statements on this Application will be grounds for termination of employment if and when discovered.

I authorize the Township to contact references and the former employers as indicated,
and I authorize my previous employers and my references to verify the information given on
this Application.

Signature	Date