



# MONTGOMERY TOWNSHIP

1001 Stump Road  
Montgomeryville, PA 18936-9605

www.montgomerytwp.org  
215-393-6900 215-855-6656 (Fax)

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a disability, or any other legally protected status.

### PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Cell Phone

Permanent Address \_\_\_\_\_  
Street City State Zip Home Phone

Email Address \_\_\_\_\_

List any relatives working for us \_\_\_\_\_

How did you learn about the position for which you are applying? (ad, website, e-news) \_\_\_\_\_

Referred by \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you applied to the Township before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### EDUCATION

	Name & Location of School	No. of Yrs. Attended	Did You Graduate?	Major Course of Study
High School				
College				
Trade, Business, or Correspondence School				

Please describe additional skills, training, or ability you would like us to consider in evaluating your qualifications. This may include computer software package experience, licenses or certifications, customer service experience, heavy equipment experience, technical training, etc.:

Four horizontal lines for providing additional skills, training, or ability.

Can you work overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

**FORMER EMPLOYERS** List last four employers, starting with current employer.

Information must be completed below.

1. Place of Employment _____	
Address _____	Phone _____
_____	Supervisor _____
Job Title _____	Rate of Pay _____
Duties _____	Dates of Employment _____
_____	Reason for leaving _____
2. Place of Employment _____	
Address _____	Phone _____
_____	Supervisor _____
Job Title _____	Rate of Pay _____
Duties _____	Dates of Employment _____
_____	Reason for leaving _____
3. Place of Employment _____	
Address _____	Phone _____
_____	Supervisor _____
Job Title _____	Rate of Pay _____
Duties _____	Dates of Employment _____
_____	Reason for leaving _____
4. Place of Employment _____	
Address _____	Phone _____
_____	Supervisor _____
Job Title _____	Rate of Pay _____
Duties _____	Dates of Employment _____
_____	Reason for leaving _____

**PROFESSIONAL REFERENCES** Give the names of three persons not related to you, two of whom you have worked with professionally or educationally, that you have known at least one year.

1. Name _____	Occupation _____
Email _____	Relation _____
Phone _____	Years Acquainted _____
2. Name _____	Occupation _____
Email _____	Relation _____
Phone _____	Years Acquainted _____
3. Name _____	Occupation _____
Email _____	Relation _____
Phone _____	Years Acquainted _____

Are you able, with or without accommodation, to perform all of the essential functions of the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

**U. S. MILITARY SERVICE**

Do you claim Veterans' Preference? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, attach form DD214 with completed application.*

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Branch \_\_\_\_\_

Rank and Principal Duties \_\_\_\_\_

\_\_\_\_\_

Type of Discharge \_\_\_\_\_

**ADDITIONAL**

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, are you an alien lawfully authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

*Conviction will not necessarily disqualify you from employment.*

If "yes," please explain \_\_\_\_\_

Commercial Driver's License (CDL) designation: Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that any false answer, statement, or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between the Township and myself for either 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 the Township unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that the Township retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of the Township.

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

Signature: \_\_\_\_\_

Please answer the following question in 75 words or less **in your own handwriting**:

**"What value will you bring to Montgomery Township?"**