

APPLICATION FOR EMPLOYMENT
 (Pre-employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date _____

Name

_____ Social Security Number _____ - _____ - _____

_____ Last First Middle
 Present Address

Permanent Address

Phone Number

Are you 18 years or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa immigration status?

Yes No

EMPLOYMENT DESIRED

Position

Date Available to Start

Salary Desired

_____ / ____ / _____ \$ _____

Are you employed now? Yes No

If so, may we contact your current employer? Yes No

Have you applied to The Borough of Phoenixville before? Yes No

If so, when?

Referred By:

Education	Name and Location of School	Number of Years	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence				

GENERAL

Subjects of Special Study or Research Work

Special Skills

Activities: (Civic, Athletic, Etc.) (Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its members)

U.S. Military or Naval Service

Rank

Present Membership in National Guard or Reserves

FORMER EMPLOYERS (List below last three employers, starting with last one first)

DATE: Month & Year	Name & Address of Employer	Phone Number	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					

Which of these jobs did you like best? Why?

OTHER CERTIFICATIONS, LICENSES AND EDUCATION (Copies of certifications may be requested at the time of your interview)

Title of Certifications, Licenses, Education	Date Received

REFERENCES: Give the names of three people not related to you whom you have known at least one year.

Name	Address	Phone Number	Years Known
1.			
2.			
3.			

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the Borough’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Borough’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Borough. I understand that no Borough representative, other than Borough Council President, and then only when in writing and signed by the President of Council, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

SIGNATURE

DATE