

The Borough of Phoenixville

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. The Borough of Phoenixville does not accept unsolicited applications. You will only be considered for the position which you are applying. A separate application must be completed for each position for which you are interested in applying.

Employment Application

Personal Information

Incomplete information could disqualify you from further consideration. Please complete all fields

| | | | | | |
|---|---|---|--|--------------------------|--------------|
| Last | First | MI | Email | | |
| Street Address | | City | State | Zip | Home Phone |
| | | | | | Mobile Phone |
| Are you legally eligible to be employed in the United States? | | | Are you 18 or older? If no, you may be required to provide authorization to work | | |
| What position are you applying for? | How did you hear about this position? Walk In Advertisement Referral Other: | Desired Salary: | Desired Hourly Rate: | Date Available to Start: | |
| Are you currently employed? | If so may we inquire of your present employer? | Have you ever worked for the Borough of Phoenixville? | Do you know anyone who works for the Borough of Phoenixville? Name | | |

Education

| | Name and Location of School | Number of Years Attended | Did you graduate? | Subjects Studied |
|--|-----------------------------|--------------------------|-------------------|------------------|
| High School | | | | |
| College/University | | | | |
| Trade, Business or Correspondence School | | | | |

General

US Military or Naval Service

Rank: _____

Present Membership in National Guard or Reserves

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please list:

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Computer Skills (please describe):

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Activities: (Civil, Athletic, etc. - exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its members)

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Other Certifications, Licenses and Education

| Title of Certification, License, Education | Date Received |
|--|---------------|
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Employment History

Please include periods of unemployment, starting with the most recent and working backwards.
Incomplete information could disqualify you from further consideration

| | Current or Most Recent | Prior | Prior |
|--|------------------------|----------------------|----------------------|
| Employer | | | |
| Address | | | |
| City, State, ZIP | | | |
| Telephone | | | |
| Name of Immediate Supervisor | | | |
| Dates of Employment | From: To: | From: To: | From: To: |
| Position/Job Title | | | |
| Summarize the nature of work performed and job responsibilities | | | |
| Reason for Leaving | | | |
| May We Contact | | | |

Personal References

Please provide the names of three people not related to you whom you have know at least one year

| | Reference 1 | Reference 2 | Reference 3 |
|-------------------------|-------------|-------------|-------------|
| Name | | | |
| Address | | | |
| City, State, ZIP | | | |
| Telephone | | | |
| Email | | | |
| Years Acquainted | | | |

Please read carefully before signing:

“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 |
|-----------|------|