



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? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? If no, you may be required to provide authorization to work <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for the Borough of Phoenixville? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you know anyone who works for the Borough of Phoenixville? <input type="checkbox"/> Yes <input type="checkbox"/> No 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:

Computer Skills (please describe):

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)

Other Certifications, Licenses and Education

Title of Certification, License, Education	Date Received

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
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