

2501 Bath Road · Bristol, PA 19007 · (215)785-0500 · Fax (215)785-2131

APPLICATION FOR EMPLOYMENT



Bristol Township is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment because of race, color, religion, age, sex, national origin, individual handicap or veterans' status. No question on this application is intended to elicit information for a discriminatory purpose.

State law requires individuals less than eighteen (18) years of age to provide an employment certificate from an authorized school district official.

Position Preferred:	_
Application Submission Date:	
Date Available for Work:	
Type of Employment Desired: Full Time Regular Part-time Seas	sonal

	PI	ERSONAL	. INFORMAT	TION		
Last Name	First Name		<u>M</u> .	<u>.</u> I.	Date of Birth	
Address	C	City		State	Zip Code	
Home Phone	Cell Phone		Em	ail Addres	S	
Social Security Number	Ē	river's Lice	nse Number/	State		
Are you a U.S. Citizen?	Yes	☐ No				
Have you been employed wit (If yes, under what name(s)?		Township ir	n the past?	Yes	No	
Have you ever been convicte	ed of a felo	ony?	Yes	No		
If selected for employment, a Yes No	re you wi	lling to subi	mit to a pre-ei	mploymen	t drug screening test?	
Race (For statistical purposes	s only):					
White		Amer	ican Indian/Al	askan Nat	ive & White	
Black/African American		Asian	& White			
Asian		Black	/African Ame	rican & Wh	nite	
American Indian/Alaskan	Native	Native	e Hawaiian/Pa	acific Islan	der	
Other Multi-Racial						
Is the Applicant Hispanic or L	atino?	Yes	No			

EDUCATION

	SCHOOL NAME	LOCATION	# OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR	
SECONDARY						
COLLEGE						
OTHER						
Do you possess a GED (General Educational Development) in lieu of a high school diploma? Yes No						
If yes, provide the following information:						
Name and Add	ress of Issuing Agend	су	Date	Issued		
List other training, certificates, licenses held, including proficiency in foreign languages:						

EMPLOYMENT EXPERIENCE

Start with your present or last job and go back at least five (5) years (include additional sheets if needed). Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. You may attach a resume with your application, but this section must be completed.

Present or Last Employer	
Name:	Job Title:
Address	Supervisor's Name:
Dates Employed:	Supervisor's Telephone Number:
Rate of Pay/ (hr/month/week):	Fod
Start Type of Work Performed:	End
Reason for Leaving:	
May we contact this employer? Yes No	
Name:	Job Title:
Address	Supervisor's Name:
Dates Employed:	Supervisor's Telephone Number:
Rate of Pay/ (hr/month/week):	
Start Type of Work Performed:	End
Reason for Leaving:	
May we contact this employer? Yes No	
N	Lab. Titles
Name:	Job Title:
Address	Supervisor's Name:
Dates Employed:	Supervisor's Telephone Number:
Rate of Pay/ (hr/month/week): Start	End
Type of Work Performed:	
Reason for Leaving:	
May we contact this employer? Yes No	

REFERENCES

List at least three (3) professional references with knowledge of your work performance:

Name	Title	Company	Telephone	Email (if known)	
		ADDITIONAL INF			
Use this section for	or additional inform	nation or comments	S:		
PLEASE READ CAREFULI	LY AND ACKNOWLEDGE	THE FOLLOWING STATEME	ENTS BY SIGNING YOUR NAM	NE BELOW:	
					nina mu
references, record of e	employment, education	n record, and any other	information I have provi	ermit Bristol Township to exan ded. Further, some safety-se	ensitive
				rize Bristol Township to condu on related to my work record a	
professional experience	ces with them, without	giving me prior notice o	of such disclosure. In add	dition, I release Bristol Towns	hip, my
		orations, partnerships a examination or revelation		y and all claims, demands or li	abilities
	•				
				nces for hiring. I attest to the ferstand that any omission (in	
any misstatement) of n	naterial fact on this app	olication or on any docu	ment used to secure info	rmation can be ground for reje	
this application or, if i	am employed by Brist	or rownship, for my imi	mediate dismissal from the	ne rownsnip.	
				of my knowledge. I understa ration, or if employed, for dis	
, ,					
I understand that if I a notice, and by either n			and can be terminated at	any time either with or witho	ut prior
, ,	2				
Applicant's Signature				 Date	
- Price is oldinario			•		