



Do you have a valid Drivers License?  No  Yes

What is your means of transportation to work? \_\_\_\_\_

CDL Applicants Only:

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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

Have you had any accidents during the past three years?  No  Yes How Many? \_\_\_\_\_

Have you had any moving violations during the past three years?  No  Yes How Many? \_\_\_\_\_

**Work Experience:** Please list your work experience for the past beginning with your most recent job held. If you were self-employed, give company name. Attach resume if needed

Name of Employer	Name of last Supervisor	Employment Dates	Pay or Salary
Address			
City, State, Zip		From:	Start:
Phone Number		To:	Final:
Your Last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer	Name of last Supervisor	Employment Dates	Pay or Salary
Address			
City, State, Zip		From:	Start:
Phone Number		To:	Final:
Your Last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer Address City, State, Zip Phone Number	Name of last Supervisor	Employment Dates	Pay or Salary
		From:	Start:
		To:	Final:
Your Last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company:

Name of Employer Address City, State, Zip Phone Number	Name of last Supervisor	Employment Dates	Pay or Salary
		From:	Start:
		To:	Final:
Your Last Job Title:			

Reason for leaving (be specific):

List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company:

**Military Service:**

Have you ever been in the armed forces?       No       Yes

Are you currently a member of the National Guard?       No       Yes

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Please list any certifications that you have and the date in which they expire:

Please list two work-related reference other than relatives or pervious employers:

Name: _____	Name _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
_____	_____
Telephone: _____	Telephone: _____

An application form sometimes makes it difficult for a individual to adequately summarize a complete background. Use this space to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Horsham Township, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Township practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Horsham Township, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Township Manager or designee. Both the undersigned and Horsham Township may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Horsham Township may unilaterally change or revise their benefits, policies and procedures.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Horsham Township permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Horsham Township from any liability because of such contact.

I also understand that (1) Horsham Township has a drug and alcohol policy that provides for pre- employment testing; (2) Horsham Township will require a pre-employment physical based upon the essential functions of the applicable position; (3) Horsham Township will conduct reference and criminal background checks based upon the information provided; and (4) certain positions with Horsham Township will require that the employee be subject to routine drug testing. I agree to hold harmless Horsham Township for any reasonable and necessary information relevant to the employment process.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Horsham Township is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Township depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Township.