

Application for Employment

PLEASE PRINT

Mail or Fax to: **Bethel Township Municipal Authority**
PO Box 274
Bethel, PA 19507
Fax Number: 717-933-4642 Phone: 717-933-5088

Equal access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for Date of application

Name

LAST FIRST MIDDLE

Address

STREET CITY STATE ZIP

Telephone # Mobile/Beeper/Other Phone # Social Security #

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

What shift are you available to work? First Second Third Any

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a crime in the last (7) years? Yes No

If yes, please explain

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function. State

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Phone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ per Final \$ per	

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Employment History - continued

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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly rate/salary Start \$ per Final \$ per	

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background IF JOB RELATED

	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
			MAJOR	DEGREE	
High School					
College					
Other					

References

NAME	TELEPHONE	YEARS KNOWN

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other person, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I AGREE TO SUBMIT TO CONTROLLED SUBSTANCE TESTING, AT THE REQUEST OF THE EMPLOYER. REFUSAL TO DO SO WILL END THE EMPLOYMENT PROCESS. AN APPLICANT MUST TEST NEGATIVE TO BE FURTHER CONSIDERED FOR EMPLOYMENT.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant Date