

Warminster Township
APPLICATION for EMPLOYMENT

(Pre-employment Questionnaire)

(An Equal Opportunity Employer)

PERSONAL INFORMATION (Print)

Today's Date _____

Name _____ Cell Phone #(_____) _____
Last First Middle Init

Current Address _____
Street City State Zip

Current Phone (_____) _____ Email _____

Permanent Address _____
Street City State Zip

Permanent Phone (_____) _____ Are you 18 years or older? Yes No

Are you either a U.S. Citizen or an Alien authorized to work in the United States? Yes No

EMPLOYMENT DESIRED

Position _____ Start Date _____ Salary Desired _____

Are you employed now? Yes No If yes, may we inquire your present employer? Yes No

Ever applied to the Township before? Yes No When? _____ What Department? _____

Please list previous experience related to desired position _____

Why do you want to work for Warminster Township? _____

Current FBI/State Police/Child Abuse Clearances are required for employment. Do you have? Yes No

Do you object to obtaining a FBI / State Police / Child Abuse clearances for a fee of \$55? Yes No

Do you have transportation to get to any work site? Yes No

Do you have current First Aid certification? Yes No CPR Certification? Yes No

If yes, please list the issuing agency & type _____

Do you have any Aquatic Certifications? Yes No

If yes, please list the type & issuing agency _____

Are you a Certified Playground Safety Inspector? Yes No

If yes, list issuing agency _____

Are you a Certified Leisure Professional Yes No

If yes, list issuing agency _____

Education	Name & Location	# of years*	*Did you graduate	Subjects studied
High School				
College				
Other				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

US Military Service? Yes No Member of the National Guard? Yes No

FORMER EMPLOYERS - List three employers, starting with the most recent.

Dates To / From	Name & City of Employer	Salary/ Rate	Position	Reason for leaving
/				
/				
/				

PHYSICAL RECORD

Do you have any physical limitation(s) that preclude you from performing any work for which you are being considered? Yes No

Please describe _____

If yes, what can be done to accommodate your limitation(s)? _____

In case of emergency notify _____ Phone _____

REFERENCES - Give the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Phone	# years
1.			
2.			
3.			

"I understand that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and my, regardless of my wages and salary, be terminated at any time without prior notice."

Signature _____ Date _____

Do Not Write Below This Line

Interviewed By: _____ Date: _____

Hire: Yes No Position: _____ Site: _____

Salary/Rate: _____ Start Date: _____ Approved: _____

Comments: