

**TOWNSHIP OF HAVERFORD**  
**Application for Employment**  
**An Equal Opportunity Employer**

Haverford Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

This application must be completed in its entirety in order for the Township to accept the application as complete. **PLEASE PRINT (do not type)**, an answer to every question. If a particular question does not apply to you, so state with N/A. If the space provided is insufficient use a supplemental page(s) and list the applicable page(s) and question number(s).

Mistakes made should **ONLY** be corrected by drawing a single line through the mistake and placing your initials at the end. **MISTAKES ARE NEVER TO BE CORRECTED WITH WHITEOUT OR ERASED.**

**DO NOT MISSTATE OR OMIT MATERIAL FACT(S) SINCE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT.**

**MISSTATEMENT(S) OR OMISSION(S) IS CAUSE FOR REJECTION. IT SHOULD BE NOTED THAT FALSIFICATIONS OR INTENTIONAL MISSTATEMENTS, MATERIAL HALF TRUTHS AND OMISSIONS ARE CAUSE FOR REJECTION FOR APPOINTMENT, AND REVOCATION OF APPOINTMENT REGARDLESS OF THEIR TIME OF DISCOVERY.**

You are notified that all statements and background information will be thoroughly investigated by the Township of Haverford.

This application will be kept on file for one year from the date it is submitted. It is the applicant's responsibility to ensure that a current application is on file. This will include the applicant notifying the Township of any changes in their address, phone number(s).

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

POSITION: \_\_\_\_\_

1: \_\_\_\_\_ 2: \_\_\_\_\_  
Last Name First Middle SSAN

3: \_\_\_\_\_  
Alias(s), Nickname(s), Maiden Name, Other changes in name.

4: \_\_\_\_\_  
Present Address: Street/ City/Apt/State/Zip

4a \_\_\_\_\_ 4b \_\_\_\_\_ 4c \_\_\_\_\_  
Home phone number Work phone number Cell/Pager number

5: U.S. Citizen: Yes ( ) No ( ) By Birth ( ) Naturalization ( ). If Naturalized, complete below:

\_\_\_\_\_

City, State Court	Certification #	Petition #	Date
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### MARITAL STATUS

Married ( ) Single ( ) Separated ( ) Divorced ( ) Widowed ( )

\_\_\_\_\_

Last Name (spouse)	Maiden Name	First	Middle
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\_\_\_\_\_

Street Address	City/Town	State	Zip
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\_\_\_\_\_

Home Phone	Work Phone	Cell/Pager
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### List All Children and Dependents

\_\_\_\_\_

Name	Age	Relationship
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\_\_\_\_\_

Address	City/Town	State	Zip
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\_\_\_\_\_

Name	Age	Relationship
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Address	City/Town	State	Zip
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Name	Age	Relationship
------	-----	--------------

Address	City/Town	State	Zip
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Name	Age	Relationship
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Address	City/Town	State	Zip
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### **Current and Former Addresses**

List complete addresses, to include full college addresses, Military addresses (on/off post(s)), for the past 10 years beginning with your current address:

1. 

Street Address	City/Town	State	Zip
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2. 

Street Address	City/Town	State	Zip
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3. 

Street Address	City/Town	State	Zip
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4. 

Street Address	City/Town	State	Zip
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5. 

Street Address	City/Town	State	Zip
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### **Education**

#### **High School(s), Vocations School(s) Attended**

Name of School	Attended From - To
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Address	City/Town	State	Zip
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Phone Number	Highest Grade Completed
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Name of School		Attended From -- To	
Address	City/Town	State	Zip
Phone Number		Highest Grade Completed	

Did you graduate High School? Yes ( ) No ( )  
 Did you obtain a GED Certificate? Yes ( ) No ( ) N/A ( )

**Colleges/Universities/Trade Schools Attended**

Do you have a college/university/trade school degree/certificate? Yes ( ) No ( )  
 How many college credits have you earned? \_\_\_\_\_  
 What was your major course of study? \_\_\_\_\_

**Skills and Training**

List all skills and training received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment**

Beginning with your current employment list your work history for the past 15 years including part time, temporary, seasonal internship, volunteer positions and all periods of unemployment. Account for all time periods. All employers will be contacted.

Current Employer: \_\_\_\_\_

Address	Phone Number	Supervisor
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Applicant's Position/Title	Salary	Date(s) of Employment
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Reason(s) for wanting to leave \_\_\_\_\_  
 Employer \_\_\_\_\_

Address	Phone Number	Supervisor
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Applicant's Position/Title Salary Date(s) of Employment

Reason(s) for leaving  
Employer

Address Phone Number Supervisor

Applicant's Position/Title Salary Date(s) of Employment

Reason(s) for leaving

If additional space is needed use a supplemental page(s) using the same format as above.

### Personal

1. Are you permitted to be lawfully employed in the United States? Yes ( ) No ( )  
*(Proof of citizenship of immigration status will be required prior to employment)*

2. Have you ever completed an application with the Township of Haverford? Yes ( ) No ( )

3. Have you ever worked for the Township of Haverford before? Yes ( ) No ( )  
Date(s) of employment, department(s), supervisor(s) and reason(s) for leaving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

Expiration Date \_\_\_\_\_ CDL Yes ( ) No ( )

5. Has your driver's license ever been suspended? Yes ( ) No ( ). If yes explain in detail how many times, the reason(s) for the suspension(s), location(s) of the violation(s), dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been arrested? Yes ( ) No ( ). If yes explain in full detail the date(s), location(s), charge(s) and disposition(s). If additional space is required use a

supplemental page(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Conviction will not necessarily disqualify applicant from employment)*

7. Have you ever received or been issued a non-traffic citation? Yes ( ) No ( ). If yes explain in full detail the location(s), date(s), charge(s) and disposition(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever possessed a driver's license in another State or Country? Yes ( ) No ( ). If yes explain in detail the reason(s) for possessing an out of State license, the State, the years, was this license ever suspended or revoked. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you a Veteran of the United States Military? Yes ( ) No ( ). If yes which branch, years of service, Military occupation, date of discharge and type of discharge. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

*List three references, they cannot be related to you or employees of the Township of Haverford*

_____ Name	_____ Address	_____ Phone Numbers (home, cell & work)
_____ Name	_____ Address	_____ Phone Numbers (home, cell & work)
_____ Name	_____ Address	_____ Phone Numbers (home, cell & work)

### Emergency Contacts

Please provide the names, addresses and telephone numbers (home, work and cell) for two people who should be contacted in the event of an emergency.

_____ Name	_____ Address	_____ Phone Numbers (home, work & cell)
_____ Name	_____ Address	_____ Phone Numbers (home, work & cell)

## **Consent**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I have completed this application and I understand the contents. The information I have given is correct to the best of my knowledge and belief and does not knowingly contain any material misrepresentations of facts, or omission of facts. I understand that any material misrepresentation of facts or omission of facts given by me shall be cause for rejection before appointment or dismissal from the Township of Haverford work force.

I authorize the Township of Haverford to investigate all statements contained in this application and authorize the Township of Haverford to perform a background check as may be necessary in arriving at an employment decision. I understand that if it is found that I falsified this application I will be subject to dismissal.

I understand that all employees of the Township of Haverford are employed at will, which means that either the Township of Haverford or the employee may terminate the employment relationship at any time, with or without notice and for any reason(s). Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_