



The Borough of Topton • 205 South Callowhill St. • Topton, Pennsylvania 19562
610-682-2541 • Fax 610-682-1636

APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

Permanent Address: _____

Home Phone: _____

Cellular Phone: _____

EMPLOYMENT DESIRED

Position: _____

Date You Can Start: _____ Desired Salary: _____

Are You Employed Now?: YES NO

If So, May We Inquire of Your Present Employer? YES NO

Are You Legally Authorized to Work in the United States? YES NO

Have You Ever Applied/Worked for The Topton Borough Before? YES NO

If So, When? _____

EDUCATION AND TRAINING

	<u>NAME / CITY & STATE</u>	<u>YEARS</u>	<u>GRADUATE</u>	<u>COURSE OF STUDY</u>
HIGH SCHOOL			YES / NO	VOCATIONAL / ACADEMIC
COLLEGE			YES / NO	
TRADE or OTHER			YES / NO	

Special Skills, Training, or Certifications*: _____

*Lifeguards – please list certification expiration date or scheduled course date

U.S. Military Service and Rank: _____

EMPLOYMENT HISTORY

<u>DATE</u> <u>MONTH & YEAR</u>	<u>NAME & PHONE OF EMPLOYER</u>	<u>SALARY</u>	<u>POSITION</u>	<u>REASON FOR</u> <u>LEAVING</u>
From				
To				
From				
To				
From				
To				

REFERENCES

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATION</u>	<u>YEARS</u> <u>KNOWN</u>

AUTHORIZATION

"I certify 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 the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____

Date: _____

----Do Not Write Below this Line----

Hired (Position): _____

Date: _____

Approval: _____

Salary: _____