



# Borough of Tipton

205 South Callowhill Street  
Tipton, Pennsylvania 19562  
610-682-2541 / Fax 610-682-1636

## Application for Employment

### Personal Information

Name: \_\_\_\_\_  
(first) (middle initial) (last)

Address: \_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city) (state) (zip)

Phone Number: \_\_\_\_\_  
(home) (cell)

Email Address: \_\_\_\_\_

State former name(s) by which you have been known: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no are you legally able to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid PA State Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever had your driver's license revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

(conviction will not necessarily disqualify an applicant from consideration for employment)

Have you ever served in the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what branch? \_\_\_\_\_ List dates of service: \_\_\_\_\_ To \_\_\_\_\_

Did you receive an honorable discharge? Yes \_\_\_\_\_ No \_\_\_\_\_

### Position Applying For

Title: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Do you have any relatives working for the Borough? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by the Borough of Tipton? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please indicate position held: \_\_\_\_\_

## Educational Background

	Name	Address	Did you graduate	Degree
High School:			yes / no	
College:			yes / no	
Technical School:			yes / no	

## Employment History

Please list all employment for the past 10 years starting with most recent

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Exact Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Earnings: \$\_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Exact Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Earnings: \$\_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Exact Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Earnings: \$\_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Exact Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Earnings: \$\_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
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Exact Title: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
May we contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Earnings: \$\_\_\_\_\_ per \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Are you fluent in any language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes what language? \_\_\_\_\_

Do you feel you can perform the job function in which you are applying for? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency who may we contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

### References

Please list at least three (3) character references who are not relatives

Name

Address

Phone Number

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

### Affirmation

I declare, subject to the penalties of perjury, that the statements made in this application (including statements made in my accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole and probation agencies and former schools to provide to the Borough of Topton any and all information including, but not limited to, information as to my character, habits, work ability and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.

Signature of Applicant

Date

The Commonwealth of Pennsylvania Human Relations Act prohibits discrimination in employment because of age, race, religion, creed, color, national origin, handicapped status, military/veteran status, sex or marital status. Accordingly, the Borough of Topton does not discriminate as to age, race, religion, creed, color, national origin, handicapped status, military/veteran status, sex or marital status.

### **Applicant's Certification**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN & RETURN APPLICATION

I understand that any final hiring decision is contingent upon satisfactory checks of references and satisfactory results of a medical exam and drug screening, if required by Borough of Topton. If I am employed by Borough of Topton, I agree to comply with all rules, regulations, policies and procedures now in existence or later adopted pertaining to its employees. I understand that these rules, regulations, policies and procedures may be changed by Borough of Topton at any time, with or without notice, and with or without negotiation. I agree that if I am hired by Borough of Topton that I will not divulge to any person or organization any confidential information which I may obtain in the course of my employment, unless authorized in advance and in writing to do so by Borough of Topton.

### **DRUG SCREENING POLICY AND STATEMENT**

I understand that Borough of Topton requires a drug screening test as a part of its selection and hiring process. I also understand that such drug screening will consist of the taking of urine, or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If the test result is positive, I will be disqualified from further consideration for a period of at least one (1) year. I hereby give my consent to Borough of Topton to administer any drug screening procedures to me, and to use the results thereof in further determining my employment with Borough of Topton. If employed, I further agree to submit to drug screening if requested of me at any time during my employment. I have read and understand the above statement.

### **CONDITIONS OF EMPLOYMENT**

I understand that if I am employed, any misrepresentation or omission of any material fact on this application is sufficient cause for dismissal. Furthermore, any misrepresentation or omission of any material fact on this application may result in no offer of employment being made, or withdrawal of any offer of employment prior to my beginning work. I agree to conform to the rules and regulations of Borough of Topton and understand that if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at anytime, at the option of either Borough of Topton or myself.

I hereby authorize Borough of Topton to obtain any and all information regarding me, my work record, driving record, auto insurance and my reputation which it deems necessary to process my application for employment. I authorize any official representative of Borough of topton to obtain any information deemed necessary for consideration of my application for employment from all current or former employers and any other individual or organization named or referred to in this application.

I understand that the information released is for official use by Borough of Topton in determining my suitability for employment. I also agree that any information obtained by Borough of Topton pursuant to this authorization shall become and remain the property of Borough of Topton. I hereby waive any right to receive a copy of information provided to Borough of topton in connection with my application for employment.

The execution of this release is voluntary. However, if Borough of Topton is unable to secure the requested information, I understand that my application for employment may not continue to be processed.

**COMMERCIAL DRIVERS LICENSE RELEASE OF INFORMATION FORM**

I hereby authorize all current or former employers and any other individual or organization named or referred to in this Application to provide Borough of Tipton with all information regarding my employment, work habits, character and applicable drug and alcohol test results for the previous two (2) years in accordance with applicable Department of Transportation regulations. I hereby release all such current or former employers, individuals, organizations and Borough of Tipton from any liability for any claim or damage which may result from the release of such information. I understand that a photocopy of this authorization shall be valid as an original.

**I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS**

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

Signature: \_\_\_\_\_

Full Name (Print): \_\_\_\_\_