

**PENNSBURG BOROUGH**  
**76 West 6<sup>th</sup> Street**  
**Pennsburg, PA 18073**  
**Office: 215-679-4546 Fax: 215-679-5140**

**APPLICANT INFORMATION**

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone (daytime)	Phone (evening)		
If related to anyone in our employ, state name & department			
Have you ever had your driver's license revoked?    Yes _____ No _____			
Have you ever been arrested or convicted of a crime?    Yes _____ No _____			

**EMPLOYMENT DESIRED**

Position Applied for	Date you can start
Salary desired	Are you employed now?
If so, may we inquire of your present employer?	

**EDUCATION**

<b>High School</b>		Address	
Number of years attended	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Address	
Number of years attended	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>Other</b>		Address	
Number of years attended	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
List any other training, seminars, licenses or certifications that would have a bearing on your qualifications.			

**FORMER EMPLOYERS**

Date of employment:	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

**REFERENCES**

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

Full Name

Address

Business

Years Acquainted

Full Name

Address

Business

Years Acquainted

Full Name

Address

Business

Years Acquainted

Are you able to perform the work of the job for which you are applying? YES  NO

If no, please describe accommodations needed. The employer will make reasonable accommodations if necessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration for employment.

Are you legally eligible to be to be employed in the United States of America? YES  NO

(If hired, you will be required to show documentation verifying eligibility.)

I certify that to the best of my knowledge, the information on this form is correct and complete. I authorize the investigation of all statements contained on this application. I understand that any misrepresentation on this application will be cause for me to be removed from further consideration, or if I have been hired, may be grounds for my termination. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary be terminated at anytime without previous notice.

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

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

**An Equal Opportunity Employer**

