



UPPER MILFORD TOWNSHIP BOARD OF SUPERVISORS

PO Box 210 ~ 5831 King's Highway South
 Old Zionsville, PA 18068
 Phone: (610) 966 - 3223 ~ Fax: (610) 966 - 5184
 E-mail: info@uppermilford.net
 Web: http://www.uppermilford.net

OFFICIAL USE:

Date Received _____

Application # _____

Upper Milford Township recognizes and embraces the concept of equal employment opportunity. It is Township policy to recruit and hire all persons without regard to race, color, religion, sex, national origin, marital status, age or non-job related physical or mental handicap or disability.

Completion of this application does not guarantee any applicant an interview or employment.

PERSONAL INFORMATION:

 Last First Middle Initial

 Street Number Street Name

 How long at present address?

 State City Zip

 Phone #

Have you ever worked for Upper Milford Township? _____ When? _____

Reason for leaving: _____

Referred By: _____

JOB INTEREST:

 Position Desired Date Available Salary Desired

Are you willing to work night shift? Yes / No Saturdays and Sundays? _____

Do you have a valid PA Driver's License? Yes / No If yes, enter number: _____

Do you have a Commercial Driver's License? Yes / No

 Class Endorsements

Are you between the ages of 18 and 70? Yes / No

Have you ever been convicted of a crime other than a traffic violation?
 Yes / No

EDUCATION: _____
 GRADE HIGH SCHOOL COLLEGE / OTHER
 () 5 () 6 () 7 () 8 () 9 () 10 () 11 () 12 () 1 () 2 () 3 () 4

SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTEND		COURSE / DEGREE
		FROM	TO	
HIGH SCHOOL				
COLLEGE				
TRADE / BUSINESS / OR OTHER				

Are you a veteran? Yes / No Dates of Duty: From To

Rank _____ Date of Discharge: _____

Other education, training, skills: _____

Machines and equipment you can operate (office and factory) _____

(Use additional sheet(s) as necessary)
 Revised as of 09-05-03

ATTACH DETAILED RESUME.

PREVIOUS EMPLOYMENT EXPERIENCE: LIST MOST RECENT FIRST							
DATE		EMPLOYER NAME AND ADDRESS	1. JOB TITLE 2. DEPARTMENT 3. NAME OF SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES		REASON FOR LEAVING
FROM	TO				START	FINAL	
			1. 2. 3.				
			1. 2. 3.				
			1. 2. 3.				
			1. 2. 3.				
REFERENCES: Give the names of three persons. Exclude relatives.				IN CASE OF EMERGENCY NOTIFY:			
	NAME	ADDRESS	PHONE #	NAME	RELATIONSHIP		
1.				ADDRESS	PHONE NUMBER:		
2.				NAME - ALTERNATE	RELATIONSHIP - ALTERNTE		
3.				ADDRESS - ALTERNATE	PHONE NUMBER: - ALTERNATE		
DO NOT WRITE IN - THIS PLACE RESERVED FOR PERSONNEL DEPARTMENT				APPLICANT'S CERTIFICATION AND AGREEMENT:			
INTERVIEWED BY:		DATE:		I certify that all of the statements made in this Application are true, complet and correct to the best of my knowledge and belief and are made in good faith. I understand that if employed, falsified statements on this application shall be considered cause for dismissal.			
FOR JOB TITLE:		DEPT:					
DATE HIRED:	START DATE:	WAGE RATE:					
REASON FOR NON-PLACEMENT:							
REMARKS:							
APPROVED BY:				SIGNATURE OF APPLICANT:		DATE:	