

*Warminster Township*  
**APPLICATION for EMPLOYMENT**

(Pre-employment Questionnaire)

(An Equal Opportunity Employer)

**PERSONAL INFORMATION** (Print)

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Init

Soc Sec # \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Current Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Phone (\_\_\_\_\_) \_\_\_\_\_ Are you 18 years or older? Yes No

Are you either a U.S. Citizen or an Alien authorized to work in the United States? Yes No

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Start Date \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? Yes No If yes, may we inquire your present employer? Yes No

Ever applied to the Township before? Yes No When? \_\_\_\_\_ What Department? \_\_\_\_\_

Please list previous experience related to desired position \_\_\_\_\_

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

Why do you want to work for Warminster Township? \_\_\_\_\_

Do you object to obtaining a State Police clearance check for a fee of \$10? Yes No

Do you have transportation to get any work site? Yes No

Do you have current First Aid certification? Yes No CPR Certification? Yes No

If yes, please list the issuing agency & type \_\_\_\_\_

Do you have any Certifications? Yes No

If yes, please list the type & issuing agency \_\_\_\_\_

Education	Name & Location	# of years*	*Did you graduate	Subjects studied
High School				
College				
Other				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

US Military Service?      Yes    No

Member of the National Guard?    Yes    No

**FORMER EMPLOYERS** - List three employers, starting with the most recent.

<b>Dates</b> To / From	<b>Name &amp; City of Employer</b>	<b>Salary/ Rate</b>	<b>Position</b>	<b>Reason for leaving</b>
/				
/				
/				

**PHYSICAL RECORD**

Do you have any physical limitation(s) that preclude you from performing any work for which you are being considered?    Yes    No

Please describe \_\_\_\_\_

If yes, what can be done to accommodate your limitation(s)? \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

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

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b># years</b>
1.			
2.			
3.			

"I understand 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 this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, and the references 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and my, regardless of my wages and salary, be terminated at any time without prior notice."

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Do Not Write Below This Line***

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Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Hire: Yes    No    Position: \_\_\_\_\_ Site: \_\_\_\_\_

Salary/Rate: \_\_\_\_\_ Start Date: \_\_\_\_\_ Approved: \_\_\_\_\_

Comments: