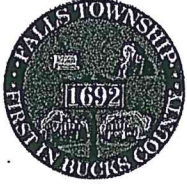# Township of Falls
BUCKS COUNTY, PA

188 Lincoln Highway
Suite 105
Fairless Hills, PA 19030
(215) 949-9000
Website: www.fallstwp.com

APPLICATION FOR EMPLOYMENT

We are committed to providing equal employment opportunity to all qualified applicants without regard to race, color, religion, national origin, ancestry, citizenship status, military service, age, sex, disability, genetic information or any other protected status as defined by applicable federal, state or local laws.

GENERAL APPLICANT INFORMATION

Date: _____

Name: _____
        Last   First   Middle

Address: _____
        Street   City   State   Zip

Phone: _____
        Home   Cell

Email Address: _____

Are you legally authorized to work in the U.S.? _____ Yes _____ No   Proof of work authorization required upon hire.

Have you ever been convicted of any crime? _____ Yes _____ No If yes, please explain: _____

Note: A yes response does not automatically disqualify your application.

If you were referred to the Township by a current employee, please provide the employee's name:

_____

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are you Employed Now? _____ Yes _____ No   If yes, may we contact your present employer? _____ Yes _____ No

Have you ever worked for this Township before? _____ Yes _____ No If yes, when? _____

EDUCATION

Institution	Name	City/State	Years Completed	Did You Graduate?	Degree Received
High School			1 2 3 4	____Yes____No	
College			1 2 3 4	____Yes____No	
Other			1 2 3 4	____Yes____No	

EMPLOYMENT HISTORY: Start with most recent position first.

From: To: Employer:
Address:
Phone Number:
Supervisor:
Position: Salary:
Reason for Leaving:
Responsibilities:
May we contact your previous supervisor for a reference?   ____Yes____No

From: To: Employer:
Address:
Phone Number:
Supervisor:
Position: Salary:
Reason for Leaving:
Responsibilities:
May we contact your previous supervisor for a reference?   ____Yes____No

From: To: Employer:
Address:
Phone Number:
Supervisor:
Position: Salary:
Reason for Leaving:
Responsibilities:
May we contact your previous supervisor for a reference?   ____Yes____No

REFERENCE: List below three professional references.

Name	Address	Phone Number	Relationship	Years Known
1.				
2.				
3.				

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Township.

I understand that any employment is conditioned on a background check. I authorize the Township to solicit information regarding my character, general reputation, previous employment, and similar background information, and to contact any and all references and

previous employers. I hereby release all parties connected with any such request for information from all claims, liabilities, and damages for any reason arising out of or related to such investigation or disclosure.

I further understand any offer of employment is expressly conditioned upon passing a drug screen test. In addition, employees may be subject to drug testing under conditions identified in the Township's Employee Handbook. I understand that if I receive a conditional offer of employment, failure of a drug test or refusal to submit to a drug test will result in withdrawal of the offer of employment. For employees, failure of a drug test or refusal to submit to a drug test will result in disciplinary action taken against employees, up to and including termination of employment.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at-will" and may be terminated at any time, with or without cause or prior notice, either by me or the Township. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Township unless made in writing and signed by the Township Manager or Chair of the Board of Supervisors.

Signed: _____Date: _____