

VALLEY TOWNSHIP APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE NOTE: Complete all parts of the application by printing or typing. If you have no information to enter in a section, please write N/A. Return completed applications to Valley Township, 1145 W. Lincoln Hwy., Coatesville, PA 19320

Name	<u> </u>		_	<u> </u>
Last		First		Middle
Current Address		* ***		
		Street		
-	City		State	Zip
Temporary Addre	ess			
		Street	w 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a for a pay
	City	- y , y - = 2	State	Zip
Day time Phone ()	Cell Pho	one ()	
Evening Phone ()	<i>(</i>		
E-Mail Address _				
Are You 18 Years	of Age or Older? Yes	☐ No (If younge	r than 18, list Birth	date)/
Do you have relati	ives currently working fo	r Valley Township?	☐ Yes ☐ No	
If yes, what pos	sition	* = ₁ =		
Have you applied to	o the Township before?	Yes No If Yes	s, when	<u> </u>
Employment Desi	red:	☐ PART TI	ME SEAS	SONAL
Position Applied F	For:			<u> </u>
Can You Perform	the Essential Functions of	of the Position that You	u are Applying For	? 🗌 Yes 🔲 No
Date You are Ava	ilable	Are You l	Employed Now?	☐ Yes ☐ No
Do you object t	to working overtime?	☐ Yes	□No	
Can you work o	overtime without prior noti	ce? Yes	☐ No	

Mark the highest level of education comp	loted:	
Some HS HS/GED Associ		☐ Doctoral
· · · · · · · · · · · · · · · · · · ·		<u> </u>
Colleges and Universities Attended	Major Course of Study	Degree (if any) ar Year Received*
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	1.000.000.000.000.000.000.000.000.000.0	
Note: The information provided should a	lirectly relate to the duties of the position	ı for which you are applyin
Do you have a valid driver's license? Ye	s	ers License?
Do you have a valid driver's license? ☐ Ye State and Expiration date:	s	ers License? 🗌 Yes 🔲 N
	s	ers License?
	s	ers License?
State and Expiration date: Have you served in the U. S. Armed Force	s	ers License?

Employment Record: List your previous four employers, starting with the most recent one first.					
May we contact: Your pas	st Employers? [Yes No Your present Employer? Yes No			
Company Name:		Position/Title:			
Address:					
Employed from:					
Telephone:		Supervisor:			
Reason for Leaving:					
Major Duties:					
		Position/Title:			
Address:					
Employed from:	to	Wage/salary: \$			
Telephone:		Supervisor:			
Reason for Leaving:					
Major Duties:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. :			
		Position/Title:			
Address:					
Employed from:					
Telephone:		Supervisor:			
Reason for Leaving:					
		Position/Title:			
Address:					
Employed from:					
Telephone:		Supervisor:			
Reason for Leaving:					

Name	Address and Phone Number	Relationship	Years Acquainted
☐ Yes ☐ No	ot, plead guilty, or been found guilty of a mi		
	of offense(s), place of occurrence, and the na criminal record will not necessarily disqualif		
Has your driver's license ever	been suspended?	If yes, for what rea	son?
Appli I understand that submission of an with Valley Township is employmeduration and may be terminated eith	PPLICANT'S PRE-EMPLOYMENT AGR cant: Please read carefully before signing the application does not guarantee employment. I furthent at will unless otherwise stated in a collective before by the Township or myself at any time, with or occdures, actions, statements of Valley Township ployment real or implied.	is application ner understand that emplo argaining agreement, for a without cause or notice.	no specified I understand that
procedures. I understand that if offe screening and background checks a	ith Valley Township; if employed, I agree to conferred a position, I may be required to submit to a press a condition of employment. I understand that unsaffect the results of these pre –employment checks of employment if already employed.	e-employment medical ex satisfactory results from,	refusal to
I understand that I will be required as required by the Immigration Ref	to provide documentation of identity and employn orm and Control Act of 1986.	nent eligibility prior to sta	urting employmer
complete and made in good faith. I grounds for not hiring me or for fir	wledge and belief, all of the information on and att understand that false or fraudulent information on ing me after I begin work, and may also be punished ated and I release all parties involved from any and ormation.	or attached to this applicable by law. I understand	ation may be that any
BY SIGNING BELOW, I ACI STATEMENTS.	KNOWLEDGE THAT I UNDERSTAND A	ND AGREE TO THE	E ABOVE
Signature of Applicant		Date o	f Signing

Valley Township is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, age, marital status, veteran eligibility, disability, national origin, or any other legally protected status. No question on this application is asked for the purpose of disclosing any applicant's legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Township Manager.