



# JOB APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Personal Data							
Name (Last, First, Middle)							
Mailing Address							
City, State, and Zip Code							
Cellular Telephone Number				Alternate Phone			
If under 18, please list age				Email Address			
Job Type							
Days/hours available to work							
<input type="checkbox"/> I have no preference	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
I am seeking a:		Full-time job <input type="checkbox"/>		Part-time job <input type="checkbox"/>		Full or Part-time <input type="checkbox"/>	
How many hours can you work weekly?				Can you work nights and weekends?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:							
Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>				Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

**Education**

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
<b>High School</b>				

**College or Business/Trade School**


**Military**

Have you even been in the Armed Forces?	Yes ____	No ____	Date entered
Are you now a member of the National Guard?	Yes ____	No ____	Discharge date
Specialty			

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### References

*Please include name, phone number, years known, and circumstances of your acquaintance. (Do not list relatives)*

1.

2.

3.

### ACCOMMODATIONS

Do you currently have any physical or mental conditions or problems that would interfere with or prevent you from performing safely the essential duties of the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

What accommodations, due to physical or mental disabilities would be required for you to be able to perform fully the essential tasks of the position for which you are applying? \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

*I swear that all the information contained in this application is true and correct. I understand that all the information contained in this application is subject to verification by West Chester Borough, and that an investigation may include contacting prior employers, checking my driving records, a credit check, and a criminal records check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.*

*I understand that as a condition of employment, I will be required to successfully pass a drug and alcohol screening test if I am requested to do so. If an offer of employment is made to me, it may be contingent upon my taking and passing a complete physical examination.*

*I further understand that nothing in this application or in the granting or conducting of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me, and I understand that no such promise would be binding upon West Chester Borough unless made in writing and signed by an officer of the Borough. Furthermore, I have been notified that the Pennsylvania courts recognize the employment-at-will doctrine. Therefore, I agree that I am employed "at-will", that it is not for any definite period of time, and that my employment may be terminated by me or by West Chester Borough at any time, for any legal reason, with or without notice or progressive discipline.*

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

*The Borough of West Chester is an equal opportunity employer. As such we actively seek to employ the best qualified applicants for employment and to promote the best qualified employees without regard to race, color, sex, national origin, religion, age, marital status, sexual orientation, veteran status, or disability, which does not interfere with performance of essential job functions after reasonable accommodations. Candidates for employment must show proof of COVID-19 vaccination.*

*Print Name:* \_\_\_\_\_

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

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