# Lower Gwynedd Township Employment Application



# An Equal Opportunity Employer

Lower Gwynedd Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

Position Applying For:		Full-Time or	Full-Time or Part-Time:		
Name:		Soc.Sec. #:			
Current Address					
	(Street)				
	(City)	(State)	(Zip)		
Permanent Address					
(If other than current)	(Street)				
	(City)	(State)	(Zip)		
Home Phone:	Cell Phone:				
	be lawfully employed i migration status will be req	n the United States? Your your of the United States? Your of the United States? Your of the United States?	es No		
Have you ever filed an	n application with the T	Fownship before?Ye	es No		
	ed for the Township be es of employment and	fore?Y departmentY			
Are you 18 years of ag	ge or older? Y	es No			
Do you have a valid d	rivers license? Y	es No			

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Class/Type: \_\_\_\_\_

## **Personal Information**

Are you a veteran of any branch of the United States Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_\_

(Conviction will not necessarily disqualify applicant from employment.)

#### 

## **Education**

	Name & Location of School	*No. Of Years Attended	*Did You Graduate	Concentration
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

#### **Former Employer(s)** (List Below Last Three Employers, Starting With Last One First)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving

\_\_\_\_\_

### References

Name	Address	Business	Relationship	Phone Number

## **Skills & Training**

Please list all applicable skills and training received:

#### Consent

With the submission of this application I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal after employment.

\_\_\_\_\_

I authorize the investigation of all statements contained in this application and authorize the Township to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice and for any and no reason. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the Township has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party and that the Township reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.

**Applicant's Signature** 

Date

Application and materials can be mailed to:

Lower Gwynedd Township 1130 North Bethlehem Pike P.O. Box 625 Spring House, PA 19477