



# Lower Makefield Township

## Employment Application

*An Equal Opportunity Employer*

Lower Makefield Township is an equal opportunity employer. It is our intention that all qualified applicants be given equal opportunity. Selection decisions are based only on job-related factors. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other factor protected by law. If hired, you must provide proof that you are eligible to work in the United States. You may also be asked to submit proof of age.

**INSTRUCTIONS:** This application must be completed in its entirety. Do not leave any blanks. Use "none" or "NA" if applicable. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application.  
Please print or type this form.

### APPLICANT INFORMATION

Position Applied For: \_\_\_\_\_  Full-time  Part-time

Name: \_\_\_\_\_ Temp/Seasonal  Yes  No

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Years at the above Residence: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: Day \_\_\_\_\_

Phone: Eve \_\_\_\_\_

If Less than 5 years at the above residence, list places of residence for the Past 5 years.

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

| From (Mo/Yr) | To (Mo/Yr) | Address | City, State, Zip |
|--------------|------------|---------|------------------|
|--------------|------------|---------|------------------|

Are you 18 years of age or older?  Yes  No

If not, do you have a work permit?  Yes  No

Do you have a legal right to work in the United States on an unrestricted basis?  Yes  No

Have you ever been employed by Lower Makefield Township? If yes, provide date (s) \_\_\_\_\_ Position \_\_\_\_\_  Yes  No

Do you have a valid driver's license?  Yes  No

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

Have you ever been convicted of a felony?  Yes  No

If Yes, please explain: \_\_\_\_\_

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List the names of any relatives (by blood or marriage) either currently employed by or serving as an elected or appointed official of Lower Makefield Township (indicating their relationship to you):

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**COMMUNITY AND LEADERSHIP ACTIVITIES**

Please list any professional, trade, business, civic activities, including any offices held, and other positions and experiences that show your community involvement/and or leadership abilities. You may exclude affiliations that would reveal your race, color, religion, sex, national origin, age, disability, or other protected status:

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**EDUCATION**

|                         | Name & Location of School | No. of Yrs Attended | Major/ Concentration |
|-------------------------|---------------------------|---------------------|----------------------|
| Elementary School       |                           |                     |                      |
| High School             |                           |                     |                      |
| College/Grad School     |                           |                     |                      |
| Trade, Business, School |                           |                     |                      |

**LIST ANY SPECIAL SKILLS WHICH MAY BE BENEFICIAL TO LOWER MAKEFIELD TOWNSHIP**

(i.e. Computer certifications, licenses, proficiency in Sign Language – you may omit any information which could reveal your race, color, religion, sex, national origin age, disability, or other protected status).

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**FORMER EMPLOYERS**

| Employer Name | Address of Employer | Position | Dates Employed | Reason(S) For Leaving |
|---------------|---------------------|----------|----------------|-----------------------|
|               |                     |          |                |                       |
|               |                     |          |                |                       |
|               |                     |          |                |                       |
|               |                     |          |                |                       |

LIST ANY SPECIAL SKILLS OR TRAINING RECEIVED:

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**REFERENCES**

| Name | Address | Business | Relationship | Phone Number |
|------|---------|----------|--------------|--------------|
|      |         |          |              |              |
|      |         |          |              |              |
|      |         |          |              |              |
|      |         |          |              |              |

**PLEASE ATTACH A RESUME IF APPLICABLE**

**SCREENING FOR ALCOHOL AND OTHER DRUG**

Employees are the Township’s most valuable resource, and providing a secure environment is one of the Township’s primary objectives. To achieve the dual goals of promoting the health and safety of employees and the public and of maximizing employee productivity, the Township has a policy to keep alcohol and other drugs, and the effects of their abuse, out of the workplace.

As such, the Township places any applicant in a non-uniform position, which involves or may involve the operation of a vehicle and/or heavy equipment or machinery or the dispatching of emergency personnel, the applicant will be required to sign a release form, authorizing the Township to perform tests to check bodily fluids (urine and/or blood) for alcohol and other controlled substances – at Township expense – at locations determined by the Township. An applicant who refuses to be tested for alcohol and other drugs will be disqualified immediately from further consideration of the position applied for.

**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 any and 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 also understand that I may be asked to submit to a comprehensive physical examination as well as a drug and alcohol screening, at the expense of the Township, as a condition of employment.

If I am employed, I agree to abide by the policies, rules, regulations and procedures of Lower Makefield Township and any changes thereto.

I understand that all employees of Lower Makefield Township are employed at-will, which means that either the Township or employee may terminate the employment relationship at any time, with or without cause or notice. However, when leaving employment for voluntary reasons, the Township would request the courtesy of two weeks notice if possible. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the applicable contract. 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

\_\_\_\_\_  
Guardian’s Signature  
(If applicant is under the age of 18)

\_\_\_\_\_  
Date