

ROBIN STUNTEBECK, Chair HUGH J. PURNELL, JR., Vice-Chair MARY R. LASOTA, ESQ., Member EDWARD G. MEAKIM, JR., Member CHRISTOPHER PIELLI, ESQ., Member

## **Board of Supervisors**

CASEY LALONDE, Township Manager

1025 Paoli Pike • West Chester, PA 19380-4699 610-696-5266 ~ Fax: 610-429-0616

twp@westgoshen.org www.westgoshen.org

# APPLICATION FOR EMPLOYMENT AND PRE-EMPLOYMENT QUESTIONNAIRE

West Goshen Township 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 accommodation.

- (1) Please answer each question completely and accurately, and print or type clearly and legibly. Incomplete applications will not be accepted. False or misleading information on the application will be grounds for refusal to hire, or termination if not discovered until after hire. If you need assistance in completing the application, please ask for help.
- (2) Applications are considered in order of date received.

Date available for work:

- (3) As a condition of employment, and depending on the position for which you are applying, you may be required to take and pass a drug and alcohol screening test.
- (4) As a condition subsequent to employment (after you are hired, but perhaps before you begin work), you may be required to take a complete physical examination including additional tests.

**BASIC INFORMATION** 

#### Position(s) desired: Date of Application: Full Name: \_ (Last) (First) (Middle) Social Security Number: Present address: \_\_\_\_\_ (Street) (Unit or Apartment No.) (City) (State) (Zip + 4)(Area Code and Day Number) Permanent address (if different): (Number) (Street) (Unit or Apartment No.) (City) (State) (Zip + 4)(Area Code and Day Number)

#### **EDUCATION AND TRAINING**

(Name)	(Add	dress)	(Diploma or Grade Completed)
,	(/ 133	-,	( )
College:(Name)	(Add	dress)	(Degree or Years Completed) (Major)
Other educational study	r:		
Special training, skills, c	or licenses:		
	DF	RIVING INFORMAT	TION
Do you have a valid dri	iver's license?	Yes No	
f yes:			
(State)	(Number)	(Expires) (Classe	es) (Restrictions)
Have any of your licens	es ever been suspende	ed? Rev	oked?
(Date	es)	(Reasons)	
	KNO	OWLEDGE/INTER	EST IN
•	<b>KNC</b> nployed by West Gosh	en Township? Yes	
•	nployed by West Gosh	en Township? Yes	
f yes, describe:	nployed by West Gosh (Positions)	en Township? Yes	s No
If yes, describe:	nployed by West Gosh (Positions) t this position?	en Township? Yes (Dates)	SNo (Salary) (Reasons for leaving)
If yes, describe:	nployed by West Gosh (Positions) t this position? in working for the Town	en Township? Yes (Dates)	(Salary) (Reasons for leaving)
If yes, describe:	nployed by West Gosh (Positions) t this position? in working for the Town	en Township? Yes  (Dates)  ship?  No	(Salary) (Reasons for leaving)
f yes, describe: How did you learn abou Why are you interested Are you willing to work regular p	nployed by West Gosh (Positions)  t this position? in working for the Town  full-time? Yes	en Township? Yes  (Dates)  ship?  No  No	(Salary) (Reasons for leaving)

#### **IMMIGRATION**

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status?			
Yes No (If you are hired, you will have to complete Immigration Form I-9 and furnish proof of			
citizenship or immigration status.)			
<b>EMPLOYMENT HISTORY</b> (If you used a different name with a previous employer, please give that name below.)			
In your present or in any prior employment, have you ever had a problem with absenteeism or lateness?			
Yes No If yes, describe:			
Have you ever been discharged (fired) from a job? Yes No			
If yes, explain:			
List jobs below in reverse chronological order - most recent jobs first.			
1. Present job:			
Name and address of employer:			
Employed since:			
Job title and major duties:			
Immediate supervisor:			
Next higher supervisor:			
Why do you want to leave?			
May we contact your present employer? Yes No			

2. Previous job:
Name and address of employer:
Employed since:
Job title and major duties:
Immediate supervisor:
Next higher supervisor:
Why did you leave?
May we contact this employer? Yes No
3. Previous job:
Name and address of employer:
Employed since:
Job title and major duties:
Immediate supervisor:
Next higher supervisor:
Why did you leave?
May we contact this employer? Yes No
4. Previous job, if within last ten years:
Name and address of employer:
Employed since:
Job title and major duties:
Immediate supervisor:
Next higher supervisor:
Why did you leave?
May we contact this employer? Yes No

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PERSONAL REFERENCES (Do not list relatives)					
Name and Occupation	Address	Day Phone Number	Years Known		
	<del> </del>				
	ACC	COMMODATIONS			
u currently have any physica	l or mental co	nditions or problems that wou	uld interfere with or prevent you		
erforming, safely, the essen	tial duties of th	ne job(s) for which you are ap	plying?		
No If yes, describe	:				
accommodations, due to phy	ysical or ment	al disabilities, would be requi	red for you to be able to perform		
e essential tasks of the posit	ion for which y	you are applying?			
	Name and Occupation  u currently have any physical erforming, safely, the essent No If yes, described accommodations, due to physical erforming.	PERSO (Do Name and Occupation Address  ACC  u currently have any physical or mental co erforming, safely, the essential duties of th No If yes, describe:  accommodations, due to physical or ment	(Do not list relatives)		

#### PLEASE READ CAREFULLY BEFORE SIGNING

I swear that all of the information contained in this application is true and correct. I understand that all of the information contained in this application is subject to verification by West Goshen Township, 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 Goshen Township unless made in writing and signed by an officer of the Township. 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 Goshen Township at any time, for any legal reason, with or without notice or progressive discipline.

Date:	Signature:
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### THIS PAGE TO BE FILLED OUT BY CANDIDATES FOR SUMMER RECREATION COUNSELOR

INTERVIEW AVAILABILITY	
All qualified candidates will be interviewed by the West Goshen To Interviews are usually scheduled for late afternoons and may last interview to be scheduled (week beginning no later than April 30):	·
AGREEMENT	
If I am accepted for this position, I agree to serve for the full eight that failure to serve for the full eight-weeks without excused absent or the Park and Recreation Director may be grounds for immediate doctor's note, etc.) will be required for any excused absences.	nce from the Summer Recreation Coordinator
Cignoture	Dete
Signature Signat	Date