



Date of Application: _____

UPPER MERION TOWNSHIP

APPLICATION OF EMPLOYMENT

Upper Merion Township is an Equal Opportunity Employer/Affirmative Action Employer.

Applicants are considered for employment with Upper Merion Township without regard to their race, color, religion, national origin, age, sex, gender, pregnancy, disability, sexual orientation, gender or genetic information. All applicable laws regarding military and veteran status will be followed.

EMPLOYMENT DESIRED:

Position applying for: _____

Available start date: _____ Full-Time: Part-Time:

How did you learn of this employment opportunity: _____

Salary requirements: _____

PERSONAL INFORMATION:

Name: _____ S.S.#: _____
(Last) (First) (Middle)

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

EDUCATION:

Name & Location	Yrs. Attended	Did you Graduate?	Degree/Major:
High School: _____	_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
College: _____	_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
Graduate School: _____	_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
Bus./Trade School: _____	_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	_____
Certifications/specialized training: _____			

EMPLOYMENT HISTORY:

Please list your last three (3) jobs starting with your most current, and all others in descending order. Please ensure that you list all employment, including any military service. If additional space is required, please list any other positions held on an 8 1/2 x 11 sheet, and attach it to your application.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your employer: Yes: No: (If not, please explain): _____

Job Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your employer: Yes: No: (If not, please explain): _____

Job Responsibilities: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your employer: Yes: No: (If not, please explain): _____

Job Responsibilities: _____

Military Service:

Branch of Service: _____ From: _____ To: _____
Type of Discharge: _____ Date of Discharge: _____
Rank/Grade: _____ Principal Duties: _____

References:

Please list at least three (3) professional references; two (2) of which must be designated as work related references, preferably a current or former supervisor(s).

Name/Title: _____ Telephone: _____
Company: _____

Name/Title: _____ Telephone: _____
Company: _____
Address: _____

Name/Title: _____ Telephone: _____
Company: _____
Address: _____

BACKGROUND QUESTIONNAIRE:

1. Have you ever worked for Upper Merion Township before? Yes: No: If so, when: _____
2. Are you able to perform the essential functions for the job in which you are applying: Yes: No:
3. If no to #2, are you able to perform the essential functions of the job in which you are applying for with or without a reasonable accommodation Yes: No:
4. Are you lawfully permitted to work in the United States: Yes: No:
5. Are you 18 years of age or over: Yes: No:
6. Have you ever been convicted of a felony or misdemeanor: Yes: No: If yes, please explain:
(Note: A felony and/or misdemeanor conviction will only be considered to the extent the conviction relates to the applicant's suitability for the position applied for.)

CONSENT:

I hereby authorize investigation of all statements contained in this employment application and authorize Upper Merion Township to perform a background check. With the submission of this application, I certify that all statements herein are true and correct to the best of my knowledge and belief. Any misrepresentation or omissions on this application may be cause for rejection of my application, and/or that if hired, I may be released from employment with Upper Merion Township.

I understand that all employees of Upper 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 cause. 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 the authority to enter into any agreement specifying the 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.

I hereby understand that any offer of employment is contingent on the results of a successful background check and pre-employment drug screen. Confirmed positive drug/alcohol test results will automatically disqualify an applicant from employment with Upper Merion Township. Applicants applying for employment under 18 years of age must have parental consent.

Applicant Signature: _____ Date: _____



EEOC SELF-IDENTIFICATION:



EEOC VOLUNTARY SELF-IDENTIFICATION FORM

To comply with federal equal employment opportunity recordkeeping and reporting requirements, Upper Merion Township offers applicants the opportunity to complete this self-identification form to obtain certain demographic information. If you choose not to self-identify, please select the appropriate box, or you may elect not to complete the form. The information provided will be used only in accordance with the provisions of applicable laws, regulations, including those that require information to be summarized and reported to the government. Please note that this form will not be provided to any person at UMT, other than the Human Resources Department.

In completing the Race and Ethnicity portion of the form, check the appropriate box to identify the race/ethnicity with which you identify. If you identify with two or more races, please check the "two or more races" box, and also list the single race/ethnic group with which you most closely identify.

Name: _____ **Date:** _____

GENDER: (Please select): Male Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races. (Race in which you most identify: _____)
- I choose not to self-identify my race/ethnicity.**