

MUNICIPALITY OF
NORRISTOWN
235 East Airy Street
Norristown, PA 19401
Fax- 610-270-3195
www.norristown.org
dnorwood@norristown.org

MUNICIPALITY OF NORRISTOWN
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer



We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis of race, color, national origin, sex, religion, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. 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, except for signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For _____ Date _____

Type of Employment Sought: Full-time ____ Part-time ____ Temporary ____ Date you could start work? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older? Yes ____ No ____ (If you are hired you may be required to submit proof of age)

Social Security Number _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes ____ No ____

Have you ever applied here before? Yes ____ No ____ If yes, when? _____

Were you ever employed here? Yes ____ No ____ If yes, when? _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes ____ No ____

If yes, please give details _____

****Please note**** Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.

Do you have a valid driver's license? Yes ____ No ____ License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last three years? Yes ____ No ____

If yes, please give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, national origin, sex, age, disability or other protected status.) _____

EDUCATION	Name and Address of School	Year of Completion	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED				
College or University (Undergraduate)				
College or University (Graduate)				
Vocational or Technical				

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

May we contact your current employer for a reference? Yes ____ No ____ Not Applicable ____

1) Employer	Telephone Number	Supervisor's Name
_____	_____	_____

Type of Business	Address
_____	_____
	Street City State Zip

Your Job Title	Dates Employed (indicate months & years)		Average Hours Worked Per Week
	From:	To:	
_____	_____	_____	_____

Duties:

Monthly Salary	Reason for Leaving
_____	_____

2)	Employer _____	Telephone Number _____	Supervisor's Name _____
Type of Business _____		Address _____ Street City State Zip	
Your Job Title _____		Dates Employed (indicate months & years)	
		From: _____	To: _____
		Average Hours Worked Per Week _____	
Duties: _____ _____ _____			
Monthly Salary _____		Reason for Leaving _____ _____	

3)	Employer _____	Telephone Number _____	Supervisor's Name _____
Type of Business _____		Address _____ Street City State Zip	
Your Job Title _____		Dates Employed (indicate months & years)	
		From: _____	To: _____
		Average Hours Worked Per Week _____	
Duties: _____ _____ _____			
Monthly Salary _____		Reason for Leaving _____ _____	

Please give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug/alcohol screening examination. I hereby consent to pre and/or post employment drug/alcohol screen as a condition of employment, if required.

Signature _____ **Date** _____