

Borough Of Ambler

131 ROSEMARY AVENUE
AMBLER, PENNSYLVANIA 19002

PHONE 215-646-1000
FAX 215-641-1355 ADMINISTRATION
FAX 215-641-1921 WATER DEPARTMENT
WEBSITE: www.boroughofambler.com



APPLICATION FOR EMPLOYMENT

The following information is requested to help us make the best possible placement within the Borough. All portions of this application pertaining to you must be completed. We appreciate the time you spend filling out this application. The Borough, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, material status, physical or mental handicap or arrest record. The Borough also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, other qualified handicapped individuals and Vietnam era and disabled veterans.

Please Print

NAME (Last) (First) (Middle)

ADDRESS (Street/Apt. # if applicable) (Primary Phone Number)

(City) (State) (Zip) (Alternate Phone Number)

EMAIL ADDRESS

SOCIAL SECURITY NUMBER

Are you legally entitled to work in the United States? Yes No

How were you referred to the Borough? _____

Have you ever applied for a job with the Borough? Yes No

If yes, when and for what position? _____

Position for which you are applying? _____

Salary Expected? _____ Hourly Annual

Other positions for which you would like to be considered? _____

Can you work overtime? Yes No Can you work Shifts? Yes No

If your application is determined favorably, on what date can you start work? _____

Do you have any relatives who currently work for the Borough? Yes No

If so, who? _____

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EDUCATION

	SCHOOL NAME	SCHOOL ADDRESS	NUMBER OF YEARS ATTENDED	DEGREES, CERTIFICATES AND MAJORS
HIGH SCHOOL				
COLLEGE				
OTHER COURSES				
OTHER COURSES				
NOW STUDYING				

WAIVER: I acknowledge the consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize the Borough to (1) investigate the truthfulness of all statements made on the application; (2) to contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of the Borough involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to the Borough.

Applicant Signature

Date

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EMPLOYMENT RECORD (please list most recent position first)

DATES (FROM/TO)	EMPLOYER NAME & ADDRESS	JOB TITLE OR DESCRIPTION	SALARY	REASON FOR LEAVING
	PHONE #:			

SUPERVISOR _____ May we contact them? Yes No

DATES (FROM/TO)	EMPLOYER NAME & ADDRESS	JOB TITLE OR DESCRIPTION	SALARY	REASON FOR LEAVING
	PHONE #:			

SUPERVISOR _____ May we contact them? Yes No

DATES (FROM/TO)	EMPLOYER NAME & ADDRESS	JOB TITLE OR DESCRIPTION	SALARY	REASON FOR LEAVING
	PHONE #:			

SUPERVISOR _____ May we contact them? Yes No

DATES (FROM/TO)	EMPLOYER NAME & ADDRESS	JOB TITLE OR DESCRIPTION	SALARY	REASON FOR LEAVING
	PHONE #:			

SUPERVISOR _____ May we contact them? Yes No

Clerical and Secretarial Applicants Only
Please check: Computer: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access Other: _____
Typing: WPM - _____ Shorthand: WPM - _____ <input type="checkbox"/> Proofreading <input type="checkbox"/> Calculator

Professional and Managerial Applicant Only
List special training or noteworthy achievements: _____ _____ _____

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WAIVER

To Whom It May Concern:

I, _____ have applied for a position with the Ambler Borough.

I hereby grant full authority to an identified member of the Ambler Police Department or other police officer requested by the Ambler Police Department, to review and copy, if necessary, any and all of my records as part of a background investigation into my character and reputation.

This WAIVER of my Right to Privacy is meant to cover any records concerned with my birth, citizenship, marital status and military records, which are applicable to my particular situation.

I also grant full authority to divulge any records that reflect current and past employment including attendance, positions held, salaries received and comments from fellow workers, supervisors and subordinates.

Authority is also granted to any law enforcement official or agency to divulge any criminal records or lack thereof to the investigating police officer or official.

I GRANT THIS PERMISSION KNOWING FULL AND WELL THAT MOST OF THIS INFORMATION IS PRIVILEGED AND COULD NOT BE DISCLOSED WITHOUT MY EXPRESSED WRITTEN PERMISSION AND AFFIX MY SIGNATURE IN THE PRESENCE OF A NOTARY PUBLIC.

Signature: _____

Driver's License No.: _____

Social Security No.: _____

Date of Birth: _____