

Borough of Ambler Employment Application



An Equal Opportunity Employer

Borough of Ambler considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

Position Applying For: _____ Full-Time or Part-Time _____

Name: _____ Soc.Sec.#: _____

Current Address

(Street)

(City) (State) (Zip)

Permanent Address

(If other than current)

(Street)

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Personal Information

Are you permitted to be lawfully employed in the United States? _____ Yes _____ No
(Proof of citizenship or immigration status will be required up employment)

Have you ever filed an application with the Borough before? _____ Yes _____ No

Have you ever worked for the Borough before? _____ Yes _____ No
If yes, please state dates of employment and department _____

Are you 18 years of age or older? _____ Yes _____ No

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

Driver's License# _____ State: _____ Class/Type: _____

Personal Information

Are you a veteran of any branch of the United States Armed Forces? _____ Yes _____ NO

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

If yes, please explain: _____

(Conviction will not necessarily disqualify applicant from employment.)

Education

	Name & Location of School	*No. Of Years Attended	* Did You Graduate	Concentration
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Former Employer(s) (List Below Last Three Employers, Starting With Last One First)

Date Month And Year	Name and Address of Employer	Salary	Position	Reason for Leaving

References

Name	Address	Business	Relationship	Phone Number

Skills & Training

Please list all applicable skills and training received:

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 all statements contained in this application and authorize the Borough to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Borough are employed at-will, which means that either the Borough or the employee may terminate the employment relationship at any time, with or without notice and for any and no reason. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the Borough has authority to enter into any agreement specifying 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 Borough reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.

Applicant’s Signature

Date

Application and materials can be mailed to:

**Borough of Ambler
131 Rosemary Avenue
Ambler, PA 19002**

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, material status and military records, which are applicable to my particular situation.

I also grant full authority to divulge and 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: _____