

Borough of Ambler

Employment Application



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

Position Applying For: _____

Full-Time: yes no

Part-Time: yes no

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Personal Information:

Are you permitted to be lawfully employed in the United States? Yes No
(Proof of citizenship or immigration status will be required upon 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 related to anyone currently employed by the Borough or currently an elected official of the Borough? Yes No

If so, to whom? _____

Are you 18 years of age or older? Yes No

Can you perform the function of the job without special accommodation? Yes No
(Pre-hire drug testing & physical exam will be required upon conditional employment offer)

Do you have a valid PA Driver's License? Yes No

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

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 but will be considered as related to this particular job)

Education:

	Name of School (include school city & state)	Number of Years Attended	Did You Graduate?	Major or Areas of Study (if applicable)
High School				
College				
Trade, Business or Correspondence School				

Employment: List last three employers, including present employer, starting with the last one first

Date (month & year)	Name and Address of Employer	Salary	Position	Reason for Leaving

References

Name	Address	Business	Relationship	Phone Number

Special Skills & Training: List all applicable skills, training and certificates or licenses 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 union employees covered by a Union Contract Agreement will be governed by the terms and conditions of the contract.

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 OTHER SUBMITTALS (INCLUDING RESUME, LETTERS OF REFERENCE, AND PHOTOCOPIES OF CERTIFICATES OR LICENSES) MAY BE HAND-DELIVERED TO AMBLER BOROUGH HALL OR MAY BE MAILED TO:

Borough of Ambler
131 Rosemary Avenue
Ambler, PA 19002

Borough of Ambler

WAIVER



To Whom It May Concern:

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

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 any records that reflect current and past employment including attendance, positions held 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.

Signature

Driver's License # / State

Social Security Number

Date of Birth