



SALISBURY TOWNSHIP

APPLICATION FOR EMPLOYMENT

2900 S. Pike Avenue
Allentown, PA 18103

Name _____ Social Security #XXX-XX-_____
Last First Middle (last 4 digits)

Address _____
Street City State Zip Code

Telephone # _____ Cellular phone # _____ E-mail Address _____

Position(s) applied for _____

Referral Source ☐ Walk-in ☐ Employee ☐ Advertisement ☐ Township Website ☐ Other _____

If necessary, best time to call you at home is ____:____ am / pm.

May we contact you at work? ☐ Yes ☐ No If **yes**, work number and best time to call _____ at ____:____

If you are under 18 and it is required, can you furnish a work permit? ☐ Yes ☐ No If **no**, please explain _____

Have you submitted an application here before? ☐ Yes ☐ No If **yes**, give date(s) and position (s) _____

Have you ever been employed here before? ☐ Yes ☐ No If **yes**, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? ☐ Yes ☐ No Date available for work ____/____/____

What is your desired salary range or hourly rate of pay? \$ _____

Type of employment desired? ☐ Full-Time ☐ Part-Time ☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No Will you travel if job requires it? ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No If **no**, please explain _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permit by law.
☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying

No. _____ State _____

Have you ever been bonded? ☐ Yes ☐ No Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "nolo contendere" ("no contest") to, or been convicted of a crime? ☐ Yes ☐ No

If yes, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	HOURLY RATE OR SALARY	POSITION	REASON FOR LEAVING
FROM TO				
JOB TITLE	PHONE NUMBER () EXTENSION:	STARTING COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ FINAL COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____		
FROM TO				
JOB TITLE	PHONE NUMBER () EXTENSION:	STARTING COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ FINAL COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____		
FROM TO				
JOB TITLE	PHONE NUMBER () EXTENSION:	STARTING COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ FINAL COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____		
FROM TO				
JOB TITLE	PHONE NUMBER () EXTENSION:	STARTING COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ FINAL COMPENSATION <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____		

Employment History (cont.)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____

Educational Background

NAME AND LOCATION OF SCHOOL		YEARS COMPLETED	DID YOU GRADUATE	MAJOR / MINOR
GRAMMAR SCHOOL			<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER _____	
HIGH SCHOOL			<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER _____	
COLLEGE			<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER _____	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> OTHER _____	

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	NUMBER OF YEARS KNOWN

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?
Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities veteran/reserve national guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers? ☐ Yes ☐ No ☐ Not Applicable

If **yes**, please explain _____

Is there any other job-related information you want us to know about you? _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Salisbury Township is true, completed and correct.

I expressly authorize, without reservation, Salisbury Township, its representatives, employees or agents to contact and obtain information from all references (personal and profession), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 12 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Salisbury Township reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Township Manager of Salisbury Township.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

SALISBURY TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER, in accordance with:

- Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits employment discrimination based on race, color, religion, sex, or national origin;
- Title I and Title V of the Americans with Disabilities Act of 1990, as amended (ADA), which prohibit employment discrimination against qualified individuals with disabilities in the private sector, and in state and local governments;
- the Age Discrimination in Employment Act of 1967 (ADEA), which protects individuals who are 40 years of age or older;

VOLUNTARY AFFIRMATIVE ACTION FORM

Salisbury Township is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. As required by law, we must record certain information. Applicants are invited to participate in the Affirmative Action Program by reporting their status as minority, disabled veteran or other veteran status, or other disabled. In extending this invitation, you are advised that: 1) you are under no obligation to respond, but may do so in the future if you choose; 2) responses will remain confidential within the Human Resources Department; and 3) responses will be used only for the necessary reporting.

In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate by completing this form, we thank you for your cooperation.

Section 1: General Applicant Information – Please complete

Applicant Name:		Date:	
Position Applied for:			

Section 2: Referral Source – Please check one

☐ Referred by current employee ☐ Internet Ad ☐ Employment Agency ☐ Newspaper Ad ☐ Job Fair

☐ Open House ☐ School ☐ Walk-In ☐ Other (name of source): _____

Section 3: Applicant Affirmative Action Data – Please complete

A. **Gender** – Check ONE box:

☐ Male ☐ Female

B. Race/National Origin – Check the box below that corresponds to the category that best identifies your race/ethnicity. **IMPORTANT:** If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.

Race/Ethnic Category	Definition of Category
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
NOT Hispanic or Latino	
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian	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.
<input type="checkbox"/> American Indian or Alaska Native	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.
<input type="checkbox"/> Two or more races (NOT Hispanic or Latino)	All persons who identify with more than one of the above five races.
<input type="checkbox"/> Do not wish to identify	All persons not wishing to self-identify race/ethnicity

C. Veteran Status* - Please check all boxes below that apply. Identification of veteran status is essential for effective affirmative action data collection and analysis. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

Veteran Status	Definition
<input type="checkbox"/> Vietnam Era Veteran	Veteran of the Vietnam Era: A person who (I) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 in all other cases; OR (II) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in any other location.
<input type="checkbox"/> Special Disabled Veteran	Special Disabled Veteran: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability – a) rated at 30% or more; b) rated at 10 or 20% in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap; or c) a person who was discharged or released from active duty because of service-connected disability.
<input type="checkbox"/> Other Eligible Veterans	Other Protected Eligible Veteran: Veterans who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. To identify campaigns or expeditions that may meet these criteria, you may visit the following website www.opm.gov/veterans/html/vgmedal12.htm or send an email to othervets@vets100.com to request a copy of the list.
<input type="checkbox"/> Newly Separated Veteran	Newly Separated Veteran: Any veteran who served on active duty in the U.S. military, ground, naval or air service during the past one-year period, beginning on the date of such veteran's discharge or release from active duty.
<input type="checkbox"/> Not Applicable	

*According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State or local law requiring affirmative action for special disabled veterans.

D. Disability Status** - Please check the below box if applicable. Self-identification of disability status is essential for effective affirmative action data collection and analysis. If you choose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

Disability Status**	
Self-Identification	Definition of Disability
<input type="checkbox"/> Individual with Disabilities	A person has a disability if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. A handicap is "substantially limiting" if it is likely to cause difficulty in securing, retaining or advancing in employment.

**According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer state; or 2) The invitation is made pursuant to a Federal, State or local law requiring affirmative action for individuals with disabilities.