



UPPER SOUTHAMPTON TOWNSHIP

939 Street Road
Southampton, PA 18966
(215) 322-9700 Fax: (215) 322-0405

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

REFERRED BY: _____

EDUCATION

| EDUCATION | NAME / LOCATION OF SCHOOL | # OF YEARS ATTENDED | DID YOU GRADUATE? |
|------------------------|---------------------------|---------------------|-------------------|
| GRAMMAR SCHOOL | | | |
| HIGH SCHOOL / GED | | | |
| COLLEGE | | | |
| TRADE, BUSINESS SCHOOL | | | |

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

| NAME | ADDRESS | PHONE | RELATIONSHIP |
|------|---------|-------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

EMPLOYMENT HISTORY

| DATES EMPLOYED | NAME & ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|----------------|----------------------------|----------|--------------------|
| FROM : TO: | | | |
| FROM : TO: | | | |
| FROM : TO: | | | |
| FROM : TO: | | | |

Have you ever been convicted of any crime? No Yes (please explain) _____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Township. I understand that if I am hired for this position, Upper Southampton Township will require a drug test.

Signature

Date

Applicants are considered for all position without regard to race, color, religion, sex, national origin, age, marital or veteran status, or presence of a non-job-related medical condition or handicap. Upper Southampton Township is an Equal Opportunity Employer. Applications will be kept active for one year from the date received.

AUTHORIZATION/RELEASE
FOR CRIMINAL HISTORY AND MOTOR VEHICLE RECORD CHECK

I understand that as a condition of obtaining and/or maintaining employment or volunteer service with this municipality I am required to allow Upper Southampton Township to complete a background investigation of me which includes criminal history and/or motor vehicle record (MVR) checks. So that Upper Southampton Township can determine whether I have a criminal record or history of motor vehicle violations, I hereby authorize Upper Southampton Township to have the Delaware Valley Municipal Management Association (DVMMA) obtain the required information on behalf of my prospective employer from the Pennsylvania State Police, the Federal Bureau of Investigation, the Pa. Bureau of Motor Vehicles, and any other government agency. In granting this authorization I acknowledge that DVMMA is acting solely as an agent for Upper Southampton Township and is only authorized to provide the results of the criminal background and/or MVR checks to Upper Southampton Township and no one else. I understand and agree that this authorization will also apply to any future updated criminal history and MVR information obtained by DVMMA on behalf of Upper Southampton Township.

I hereby direct the Delaware Valley Municipal Management Association to release any criminal history and MVR information about me to Upper Southampton Township. I understand that this information may be released or disclosed within the municipality and may later be disclosed by the municipality as otherwise required by law. I also hereby release DVMMA and its officers, agents and employees from any and all claims, liability and actions for damages of whatever kind which I may have at any time arising from DVMMA's role as agent for Upper Southampton Township in obtaining and releasing to Upper Southampton Township my criminal history and MVR information as authorized herein. DVMMA cannot act as a guarantor of information accuracy or completeness.

I hereby acknowledge receipt of a summary of my rights under the Fair Credit Reporting Act ("FCRA") entitled "**A Summary of Your Rights Under the Fair Credit Reporting Act**". I also acknowledge that a facsimile or photographic copy of this Authorization/Release shall be as valid as the original.

EMPLOYEE NAME

(Please Print Legibly) _____
First Middle (full name) Last Maiden

Signature: _____ Date: _____

***Parental Acknowledgement – Complete if applicant is a minor (under age 18):**

Name of Parent/Legal Guardian (Print): _____ Signature: _____

CRIMINAL BACKGROUND CHECK – Information Required:

Print All Former Names Used:

(1) _____
(2) _____

Number of Years as Legal Resident of Pennsylvania: _____
(Note: If PA resident for less than five years, FBI background check is required.)

Date of Birth: _____ Sex: _____ Race: _____
Social Security Number (if available): _____

MOTOR VEHICLE RECORD CHECK – Information Required:

Drivers' License Number: _____ State: _____

****Forward completed form to Upper Southampton Township.****
939 Street Road, Southampton PA 18966 * Ph 215-322-9700 * Fx 215-322-0405
Email: Administration@ustwp.org