## **Bristol Township**

2501 Bath Road · Bristol, PA 19007 · (215)785-0500 · Fax (215)785-2131

## APPLICATION FOR SEASONAL EMPLOYMENT



Bristol Township is an Equal Opportunity Employer. Federal and State laws prohibit discrimination in employment because of race, color, religion, age, sex, national origin, individual handicap or veterans' status. No question on this application is intended to elicit information for a discriminatory purpose.

State law requires individuals less than eighteen (18) years of age to provide an employment certificate from an authorized school district official.

Application Submission Date:	
Date Available for Work:	

		PERSONAL INI	FORMATION		
Last Name	First	t Name	M.I.	Date of B	irth
Address		City	State	— Zi <sub>l</sub>	Code
Home Phone	Cell	Cell Phone		Email Address	
Social Security	Number	Driver's License	Number/State		
Are you a U.S.	Citizen? Y	res No			
	employed with Bri	istol Township in the	past? Yes	No	
	been convicted of	a felony?	es No		
If selected for e	employment, are yo	ou willing to submit t		t drug scre	ening test
Yes _	No				
Yes	NO .	EDUCA	TION		
Yes		EDUCA		050055	
	SCHOOL NAME	EDUCA	TION  # OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR
SECONDARY			# OF YEARS		MAJOR
SECONDARY			# OF YEARS		MAJOR
SECONDARY			# OF YEARS		MAJOR
SECONDARY			# OF YEARS		MAJOR
SECONDARY	SCHOOL NAME	LOCATION	# OF YEARS ATTENDED	RECEIVED	
SECONDARY	SCHOOL NAME		# OF YEARS ATTENDED	RECEIVED	
SECONDARY  COLLEGE  OTHER  Do you posses  Yes	school name	LOCATION  Educational Develo	# OF YEARS ATTENDED	RECEIVED	
SECONDARY  COLLEGE  OTHER  Do you posses Yes  If yes, provide	school name	Educational Develo	# OF YEARS ATTENDED	RECEIVED	

## **EMPLOYMENT EXPERIENCE**

Start with your present or last job and go back at least five (5) years (include additional sheets if needed). Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. You may attach a resume with your application, but this section must be completed.

Present or Last Employer	
Name:	Job Title:
Address	Supervisor's Name:
Dates Employed:	Supervisor's Telephone Number:
Rate of Pay/ (hr/month/week):	
Type of Work Performed:	End
Reason for Leaving:	
May we contact this employer? Yes No	
Name:	Job Title:
Address	Supervisor's Name:
Dates Employed:	Supervisor's Telephone Number:
Rate of Pay/ (hr/month/week): Start	
Type of Work Performed:	End
Reason for Leaving:	
May we contact this employer? Yes No	
Name:	Job Title:
Address	Supervisor's Name:
Dates Employed:	Supervisor's Telephone Number:
Rate of Pay/ (hr/month/week): Start	
Type of Work Performed:	End
Reason for Leaving:	
May we contact this employer? Yes No	

## **REFERENCES**

List at least three (3) professional references with knowledge of your work performance:

Name	Title	Company	Telephone	Email (if known)
		ADDITIONAL INF	ORMATION	
Use this secti-	on for additional info	rmation or comments	:	
PLEASE READ CAR	REFULLY AND ACKNOWLEDG	GE THE FOLLOWING STATEME	NTS BY SIGNING YOUR NAM	E BELOW:
I authorize invest	tigation by Bristol Towns	hip of all statements conta	ined in this application	I permit Briatel Terreship to
I authorize invest examine my refe	tigation by Bristol Towns	hip of all statements conta	ined in this application.	I permit Bristol Township to
I authorize invest examine my refe safety-sensitive p Township to cond	tigation by Bristol Towns rences, record of employ positions in the Township duct such investigations	hip of all statements conta ment, education record, a may require a detailed ba if required. I authorize the	ined in this application.  Indicate any other information  Indicate and/or credit of the control	I permit Bristol Township to I have provided. Further, some
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