

# LONDON GROVE TOWNSHIP

## Department of Public Works Employment Application



**Instructions:** Thank you for your interest in employment with London Grove Township. Please complete all portions of this employment application to be considered for employment at London Grove Township. If you require accommodations during the employment application process, including assistance in the competition of this employment application, please contact the Administration Office at 610-345-0100. London Grove Township is an equal opportunity employer. London Grove Township does not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, or any other protected category recognized by Pennsylvania and Federal Laws. This employment application is valid for a three (3) month period after submission to London Grove Township and only for the desired position. Consideration for employment after the three (3) month period requires completion and submission of a new application. Use additional paper if necessary to fully answer any questions.

### Applicant Information

Full Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State Driver's License Held In: \_\_\_\_\_  
Class of Driver's License: \_\_\_\_\_ Driver's License Expiration Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

1. Are you a citizen of the United States?  Yes  No  
If no, are you authorized to work in the U.S.?  Yes  No
2. Have you previously applied for employment with London Grove Township?  Yes  No  
If yes, provide date of when? \_\_\_\_\_
3. Have you ever worked for London Grove Township?  Yes  No  
If yes, provide dates of when? \_\_\_\_\_
4. Have you ever been convicted of a felony?  Yes  No  
If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. How did you hear about London Grove Township?  
 Relative       Newspaper Advertisement       Walk In       Indeed.com  
 College Placement Office       Other

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*Education*

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Highschool: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Did You Graduate: [ ] Yes [ ] No Degree: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Did You Graduate: [ ] Yes [ ] No Degree: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Other: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Did you Graduate: [ ] Yes [ ] No Degree: \_\_\_\_\_

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*References*

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List name and telephone numbers of three (3) business/work references who are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three (3) personal references who are **NOT** related to you.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Company: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Company: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Company: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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*Previous Employment*

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Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Job Title: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

# LONDON GROVE TOWNSHIP

Responsibilities:

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Reason for Leaving: \_\_\_\_\_

If you were terminated or asked to resign, please explain: \_\_\_\_\_

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1. Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?  
 Yes  No
2. Was your job designated as safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Were you subject to DOT Required drug and alcohol testing?  Yes  No
3. May we contact your previous supervisor for a reference?  Yes  No

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Street Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_

Ending Salary: \$ \_\_\_\_\_

Start Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Responsibilities:

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Reason for Leaving: \_\_\_\_\_

If you were terminated or asked to resign, please explain: \_\_\_\_\_

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1. Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed?  
 Yes  No
2. Was your job designated as safety-sensitive function in any DOT Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40? Were you subject to DOT Required drug and alcohol testing?  Yes  No
3. May we contact your previous supervisor for a reference?  Yes  No

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*Military Service*

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Branch of Military: \_\_\_\_\_ Dates Enlisted: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_  
\_\_\_\_\_

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*Employment Gaps*

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Explain any periods that you were not employed during the last ten (10) years, other than due to personal illness, injury or disability.

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*Job Skills and Qualifications*

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

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*Related Information*

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If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, or any other protected category recognized by Pennsylvania and Federal Laws.

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# LONDON GROVE TOWNSHIP

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## CDL Information

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### Driver's license(s) for the past three (3) years

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
State: \_\_\_\_\_ License Number: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Driving Experience

Class of Equipment: \_\_\_\_\_ Class of Equipment: \_\_\_\_\_ Class of Equipment: \_\_\_\_\_  
Type of Equipment: \_\_\_\_\_ Type of Equipment: \_\_\_\_\_ Type of Equipment: \_\_\_\_\_  
Dates of Experience: \_\_\_\_\_ Dates of Experience: \_\_\_\_\_ Dates of Experience: \_\_\_\_\_  
Approx. No of Miles: \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

### Accident Record for the past three (3) years.

Date(s) (If none, so state): \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Number of fatalities or injuries: \_\_\_\_\_  
Date(s) (If none, so state): \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Number of fatalities or injuries: \_\_\_\_\_  
Date(s) (If none, so state): \_\_\_\_\_ Nature of Accident: \_\_\_\_\_ Number of fatalities or injuries: \_\_\_\_\_

### Traffic convictions and forfeitures for the past three (3) years (Other than parking violations).

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
Location: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
**If you answered "YES", you must attach a statement giving details.**
2. Has any license, permit or privilege ever been suspended or revoked?  Yes  No  
**If you answered "YES", you must attach a statement giving details.**
3. For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT regulated employer because you would perform safety-sensitive transportation work?  
 Yes  No  
**If you answered "YES", you must identify the DOT regulated employer and when the testing took place. You must provide London Grove Township with documentation that you successfully completed the return to duty process required by the DOT rules. Failure to provide this documentation to London Grove Township within two (2) weeks or another time period determined by London Grove Township will result in the withdrawal of any job offer.**

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*Disclaimer and Signature*

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I certify that the information contained in this application for employment at London Grove Township is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or dismissal from employment, regardless of how discovered.

I understand that if I am offered employment at London Grove Township, my employment with London Grove Township is AT-Will and can be terminated at any time and for any reason with or without advanced notice by myself or London Grove Township.

I understand that if I am offered seasonal employment at London Grove Township, my employment with London Grove Township will last a maximum of one hundred and twenty (120) days, in accordance with London Grove Township Policies.

I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with London Grove Township, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to London Grove Township in accordance with state and/or federal laws. London Grove Township will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully investigate my employment application.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date