

PLEASE PRINT DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last Name First): \_\_\_\_\_

Present Permanent Address: \_\_\_\_\_  
City State Zip Code

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever used another name?  Yes  No If yes, what name? \_\_\_\_\_

Is there any other information about change of name which is necessary to check work and educational records?

Yes  No If yes, please explain. \_\_\_\_\_

**TYPE OF WORK DESIRED**

Position for which you are applying: \_\_\_\_\_

Salary desired: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Have you previously applied for employment here?  Yes  No. If yes, when? \_\_\_\_\_

Have you previously been employed by Malvern Borough?  Yes  No. If yes, when and in what position?  
\_\_\_\_\_

PLEASE NOTE: THIS APPLICATION FORM WAS DESIGNED FOR USE BY APPLICANTS FOR VARIOUS POSITIONS: CLERICAL, PROFESSIONAL, TECHNICAL AND ADMINISTRATIVE. ANSWER THE QUESTIONS TO THE BEST OF YOUR ABILITY. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

Are you currently employed?  Yes  No

Do you have any commitments to another employer that might affect your employment with us?

Yes  No If yes, please explain. \_\_\_\_\_

**EDUCATION BACKGROUND**

School Name	Print School Name & Address	Years Completed	Degree, Major, or Course of Study
High School			
College			
Graduate School			
Trade, Business			
Other			

**SKILLS**

Professional Certifications/Credentials: \_\_\_\_\_  
\_\_\_\_\_

Do you possess a valid Pennsylvania driver's license?  Yes  No

Do you possess a Pennsylvania commercial driver's license?  Yes  No      If Yes, which one? \_\_\_\_\_

Do you possess the necessary certifications to operate heavy machinery?  Yes  No

Explain: \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as computer skills, subjects of special study, research work, special training or skills, additional work experience, articles/books published, activities, accomplishments, etc. (You should exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY EXPERIENCE**

Were or are you in U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below your last four employers, starting with your present employer or most recent employer first (use other side of this application, if necessary). May we contact these employers?  Yes  No

**1) Name & Address of Employer:** \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Start Date (mo./yr.): \_\_\_\_\_ End Date(mo./yr.): \_\_\_\_\_

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

Job duties: \_\_\_\_\_  
\_\_\_\_\_

Reasoning for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2) Name & Address of Employer:** \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Start Date (mo./yr.): \_\_\_\_\_ End Date(mo./yr.): \_\_\_\_\_

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

Job duties: \_\_\_\_\_  
\_\_\_\_\_

Reasoning for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**3) Name & Address of Employer:** \_\_\_\_\_

Your Title/Position: \_\_\_\_\_

Start Date (mo./yr.): \_\_\_\_\_ End Date(mo./yr.): \_\_\_\_\_

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

Job duties: \_\_\_\_\_  
\_\_\_\_\_

Reasoning for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you below the age of 18?  Yes  No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

Have you ever been convicted of a criminal offense?  Yes  No If yes, Date: \_\_\_\_\_

Place: \_\_\_\_\_ Nature of offense: \_\_\_\_\_

(An affirmative answer will not automatically disqualify you from being considered a candidate for employment. Your honesty, the seriousness of the crime and the date of conviction will be considered.)

**REFERENCES**

List below names of three persons not related to you whom you have known for at least one year.

Name and Address	Occupation	Phone Number	Years Known

**PRE-EMPLOYMENT DISCLOSURE AUTHORIZATION AND RELEASE**

I understand that in connection with my application for employment with the Borough of Malvern, a background check may be conducted on me. This background check may include an investigation into my employment history, education, work experience, driving record, criminal history and /or a check of sex offenders’ registries. However, unless my position involves handling money, my credit history will not be checked.

I understand that the Borough of Malvern may rely on any information obtained in the background check in deciding whether or not to make an offer to employ me. I also understand that if they decide not to offer me a position because of information in the background check, I will be given a copy of that information and a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check is being performed only as part of the process of considering my application for employment and for no other purpose.

I have read this Pre-employment Disclosure and I hereby authorize the Borough of Malvern to conduct a background check as part of my application for employment. I hereby release the Borough of Malvern from any and all liability related to the receipt or disclosure of any information provided by me or obtained about me in connection with my application for employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Former Names