

TOWNSHIP OF CUMRU

APPLICATION FOR EMPLOYMENT PACKET

OUR APPLICATION POLICIES

- Applicant's Name: _____ Date: _____
- Applications may be completed **ONLY** when we are accepting applications.
- The Applicant must use one of our forms.
- The Applicant herself/himself must complete the application in ink.
- Only one person may complete an application at a time.
- Applications missing critical information will not be considered.
- Applications will be considered "active" for a period of 30 days from the date they were initially signed except as noted in the "Job Application Policy" section of the Application for Employment.
- Interviews will be held by appointment.
- We do check references!
- This Application for Employment Packet should contain the following:
 1. Application for Employment
 2. As applicable: Driving Record/Background Check Release, Drug Testing Release, Vehicle/Driver Information, and Physical Examination Release
 3. Employer, Individual, and Education Reference Request Forms
 4. Job Description



TOWNSHIP OF CUMRU

As you prepare to complete your application for our Township, we would like to take this opportunity to say thank you for your interest. Our Township is eager to speak with you and see how your skills and our needs could fulfill each other.

Should you be hired, you will find that we pride ourselves in valuing our employees and the abilities and new ideas they bring to our organization. We believe you will enjoy working with us and you will have the opportunity to learn and grow with the Township.

If our Township sounds like the kind of Township you would like to work for, we would like to talk with you.



Application Part 3- Application for Employment

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<p style="text-align: center;">APPLICATION FOR EMPLOYMENT IMPORTANT AUTHORIZATIONS AND UNDERSTANDINGS</p>
<p style="text-align: center;">INTRODUCTION</p>
<p>Thank you for your interest in our Township. The purpose of this application packet is to provide you with pertinent information about the job for which you are applying, information about the Township, and to assist you in comparing your qualifications with those required to be considered for the position.</p> <p>Our goal is to hire and retain the best employees and provide them with a healthy, safe, and productive workplace. Our employees are our most valuable resource and will be treated as such.</p>
<p style="text-align: center;">EQUAL EMPLOYMENT OPPORTUNITY</p>
<p>All qualified applicants will be considered on their merits and without regard to age, race, color, sex, national origin, disability, military status, or any other status protected by law.</p>
<p style="text-align: center;">REASONABLE ACCOMMODATION</p>
<p>If you need assistance or an accommodation during the application process because of a disability, it is available upon request. We are pleased to provide such assistance and no applicant will be penalized as a result of such a request.</p>
<p style="text-align: center;">JOB APPLICATION POLICY</p>
<p>We generally accept job applications only when we have determined there are jobs available or soon to be available. When we determine that there are jobs we intend to fill, we reserve the right to review active applications already on file prior to accepting new applications. Given the nature of our business, we reserve the right to not hire persons even though applications have been accepted should we determine our needs were not as we initially projected. Applications are considered "active" for a period of 30 calendar days from the date they were initially signed. An applicant who wishes to be considered after the expiration of that period may establish one (1) additional 30-day "active" period by either calling or personally visiting the Township no sooner than five (5) calendar days prior to and no later than five (5) calendar days after the expiration of the initial 30 days period. In that event, the second 30-day active period will commence immediately upon the expiration of the first. After the expiration of the "active" period, a new application must be completed. All applications must be completed at the Township. We accept only numbered originals of our applications material.</p>
<p style="text-align: center;">HIRING DECISIONS</p>
<p>We hire based on personal contact with individuals. We base our hiring decision on a variety of factors including skills and ability to perform the job, prior employment with us, employment references, willingness to accept the offered salary, and personal interviews.</p>
<p style="text-align: center;">GENERAL WORK AND SCHEDULING RULES</p>
<p>All employees are expected to work and to work the hours appropriate for their employment status. It is the nature of our business that work may need to be done on a tight schedule. Just as the classification of an employee is not a guarantee of a certain number of hours of work, it is not a limitation on the number of hours for which an individual may be assigned unless prior approval has been given or the Township is aware prior to the assignment of conditions which would preclude an individual from being able to work. Full-time employees are expected to be available for a "regular" 40 hours schedule plus overtime as may be required by the Township. Regular part-time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire.</p>
<p style="text-align: center;">CONFLICT OF INTEREST</p>
<p>Our employees are prohibited from working or having an ownership interest in any other Township or organization of any size or type where there is a potential conflict of interest with our business except with the approval of the Township. The Township employees may not own (in whole or in part, directly or indirectly), manage, be a consultant to, or have any relationship with another similar Township or organization</p>



Application Part 3- Application for Employment

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NAME AND ADDRESS INFORMATION

Last Name:	First Name:	Middle Name:
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Present Address

Street:	City:	State/Zip:
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Permanent Address

Street:	City:	State/Zip:
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Phone Number:

WORK ELIGIBILITY INFORMATION

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. The Immigration Reform and Control Act of 1986 requires employment eligibility of all new hires.

No person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older?

Yes No

Do you have the right to remain and work permanently in the United States?

Yes No

If hired, can you furnish proof of age, and that you are eligible to work in the United States?

Yes No

POSITION INFORMATION

Position Desired:	Pay Expected:	Date You Could Start:
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Do you have a valid PA Driver's License?

Yes No

Do you have a valid PA CDL?

Yes No

If yes, what class?

Any Endorsements?

Any Restrictions?

Please check all hours that you are available to work.

Full-Time Part-Time Temporary Weekend Day Shift Evening Shift

Night Shift Overtime



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<p>Are you currently employed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If so, may we inquire of your present employer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you currently on "layoff" status and subject to recall?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you now or do you expect to be engaged in any other business or employment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please explain:</p>	
<p>Have you ever worked for us before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, state position, date, and reason for leaving:</p>	
<p>Have you ever applied to us before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, state position, date, and outcome of application:</p>	
<p>Do you have any other association (paid/volunteer) with us?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please explain:</p>	
<p>Do you have any relatives currently employed by us?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give the name:</p>	
<p>Have you ever been convicted of a felony?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>*If yes, please explain:</p>	

*Note: A yes does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.



Application Part 3- Application for Employment

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U.S. MILITARY SERVICE INFORMATION

Have you ever served in the U.S. military?

 Yes No

If yes, please list the branch of service and last rank:

REFERRAL INFORMATION

Referred By:

 Newspaper Ad Online Ad Internet Search Employment Agency
 Employee (Name) _____ Other (List) _____

EDUCATION

Name of School	Address	Did you graduate?	List degree or major field of interest
High School:	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you planning to pursue further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:		

REFERENCES

Please give the names of persons not related to you and for whom you have not worked, whom you have known for at least three years.

Name	Address	Phone Number	Business	Years Acquainted



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ADDITIONAL INFORMATION

List additional information, including skills, special training, professional, trade, business, civic activities, and offices held, that may help us in considering your application. You may exclude information that may indicate references to race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability, status as a disabled veteran, veteran of Vietnam, or any other legally protected status.

GENERAL INFORMATION

Why are you interested in working for us?

What did you enjoy most about your last job?

What did you enjoy least about your last job?

EMPLOYMENT HISTORY

Beginning with the MOST RECENT, list all jobs including volunteer work, part-time employment while in school, military service, self-employment, and unemployment. Please account for all periods of employment and unemployment for at least the past ten (10) years and including at least the last three (3) employers. **OR**, attach your resume.

(1) Employer: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period Employed (Month/Year) From: _____ To: _____ Salary: _____

Supervisor Name and Title: _____ Your Job/Position Title: _____

Description of Your Duties: _____

Reason for Leaving: _____

May We Contact the Employer? Yes No

(2) Employer: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period Employed (Month/Year) From: _____ To: _____ Salary: _____

Supervisor Name and Title: _____ Your Job/Position Title: _____

Description of Your Duties: _____

Reason for Leaving: _____

May We Contact the Employer? Yes No

(3) Employer: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period Employed (Month/Year) From: _____ To: _____ Salary: _____

Supervisor Name and Title: _____ Your Job/Position Title: _____

Description of Your Duties: _____

Reason for Leaving: _____

May We Contact the Employer? Yes No



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(4) Employer:		Telephone:	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year) From:	To:	Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(5) Employer:		Telephone:	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year) From:	To:	Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(6) Employer:		Telephone:	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year) From:	To:	Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(7) Employer:		Telephone:	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year) From:	To:	Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(8) Employer:		Telephone:	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year) From:	To:	Salary:	
Supervisor Name and Title:		Your Job/Position Title:	
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



Application Part 3- Application for Employment

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**IMPORTANT!
PLEASE READ BEFORE SIGNING**

COMPLETENESS AND ACCURACY OF INFORMATION

I represent that all of the information given by me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulations, I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation report that is made. I release you and them from liability as a result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

NO WRITTEN, ORAL, OR IMPLIED CONTRACTS

I understand that all employment with the Township is "at will" unless precluded by an applicable collective bargaining agreement, state, or federal law. This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Township retains a similar right. I understand that any written Township documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only the President of the Township has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by the President of the Township.

APPLICATION ACKNOWLEDGEMENT

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE
TERMS AND THAT I AGREE WITH THEM.**

Name (Please Print):

Applicant Signature:

Date:



TOWNSHIP OF CUMRU
Berks County, Pennsylvania
1775 Welsh Road, Mohnton, PA 19540
Telephone (610) 777-1343 - Fax (610) 796-0850

FORMER EDUCATIONAL INSTITUTION REFERENCE REQUEST

Applicant's Name: _____

Position Applied For: _____

I hereby authorize my former educational institution listed below to furnish any information concerning my education and I hereby release such institution from any liability or damages as a result of furnishing such information.

Today's Date: _____

Applicant's Signature: _____

Former Educational Institution: Address: _____

Dear Sir/Madam:

The above-named applicant has indicated that he/she previously attended this educational institution. Your verification will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Attended (complete **ONLY** if college, trade, or, professional school): _____

Did he/she Graduate?: Yes No

Degree or Major Field of Interest: _____

Please check the appropriate response:

Attendance: Excellent Average Below Average

Quality of Work: Excellent Average Below Average

Additional Comments: _____

Completed By: _____

Title: _____

Date: _____



TOWNSHIP OF CUMRU
Berks County, Pennsylvania
1775 Welsh Road, Mohnton, PA 19540
Telephone (610) 777-1343 - Fax (610) 796-0850

FORMER EMPLOYER REFERENCE REQUEST

Applicant's Name: _____

Position Applied For: _____

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

Today's Date: _____

Applicant's Signature: _____

Former Supervisor's Name: _____

Former Employer's Name: _____

Address: _____

Telephone Number: _____

Dear Sir/Madam:

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: _____

Position/s Held: _____

Reason(s) for Leaving: _____

Would You Re-Hire? _____

Please check the appropriate response:

Attendance: Excellent Average Below Average

Quality of Work: Excellent Average Below Average

Teamwork: Excellent Average Below Average

Additional Comments: _____

Completed By: _____

Title: _____

Date: _____



TOWNSHIP OF CUMRU
Berks County, Pennsylvania
1775 Welsh Road, Mohnton, PA 19540
Telephone (610) 777-1343 - Fax (610) 796-0850

FORMER EMPLOYER REFERENCE REQUEST

Applicant's Name: _____

Position Applied For: _____

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

Today's Date: _____

Applicant's Signature: _____

Former Supervisor's Name: _____

Former Employer's Name: _____

Address: _____

Telephone Number: _____

Dear Sir/Madam:

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: _____

Position/s Held: _____

Reason(s) for Leaving: _____

Would You Re-Hire? _____

Please check the appropriate response:

Attendance: Excellent Average Below Average

Quality of Work: Excellent Average Below Average

Teamwork: Excellent Average Below Average

Additional Comments: _____

Completed By: _____

Title: _____

Date: _____



TOWNSHIP OF CUMRU
Berks County, Pennsylvania
1775 Welsh Road, Mohnton, PA 19540
Telephone (610) 777-1343 - Fax (610) 796-0850

INDIVIDUAL REFERENCE REQUEST

Applicant's Name: _____

Position Applied For: _____

I hereby authorize the person listed below to furnish any information concerning my personal character and habits and I hereby release him or her from any liability or damages as a result of furnishing such information.

Today's Date: _____

Applicant's Signature: _____

Individual's Name: _____

Address: _____

Dear Sir/Madam:

The above-named applicant has listed you as a reference. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Years Acquainted: _____

What Capacity: _____

What do you consider the above-named applicant's strengths?

Additional Comments:

Completed By: _____

Title: _____

Date: _____



DRIVING INFORMATION - CDL
STOP!

DO NOT ANSWER THE FOLLOWING QUESTIONS UNLESS THE POSITION YOU ARE APPLYING FOR REQUIRES A COMMERCIAL DRIVER'S LICENSE (CDL). THE FOLLOWING QUESTIONS ARE IN COMPLIANCE WITH THE U.S. DEPARTMENT OF TRANSPORTATION'S REGULATIONS.

List the addresses at which you have resided during the three (3) years preceding the date on which the application is submitted

Last Name:	First Name:	Middle Name:
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Present Address

Street:	City:	State/Zip:	From-To:
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Prior Address

Street:	City:	State/Zip:	From-To:
---------	-------	------------	----------

Street:	City:	State/Zip:	From-To:
---------	-------	------------	----------

Street:	City:	State/Zip:	From-To:
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Date of Birth:	Application Date:
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List the state, number, and, expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

STATE	NUMBER	EXPIRATION DATE

List the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, full trailers, and pole trailers) which you have operated.



Application Part 7 - Substance Abuse Testing Release Applicant Acknowledgement

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No applicant will be considered for employment with the Township without signing this document.

I understand that by signing this document that it does not create any contract or binding agreement between the Township and myself. I further understand that if I am employed by the Township that my employment can be terminated by either myself or the Township at any time, for any lawful reason, with or without notice unless precluded by an applicable collective bargaining agreement, state or federal law.

The Township is committed to maintaining a safe, healthy, and productive work environment free from the negative effects of drug and alcohol use. The Township will not tolerate any drug or alcohol use that could endanger the health and well-being of its employees or threaten its business operations.

The Township strictly prohibits the unauthorized and/or unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance or alcohol in all Township facilities, on all Township property, and in all vehicles on Township property or under Township control.

I hereby acknowledge that I have received a copy of the Township's Drug and Alcohol Abuse/Use Policy. I have read and I understand its contents. I understand I am subject to drug and/or alcohol testing as provided by the Policy. I understand that violations of the policy can result in disciplinary action, up to and including, termination of employment.

I also acknowledge that the provisions of the Policy are part of the terms and conditions of my employment and that I agree to abide by them. I have had the opportunity to have any questions concerning this Policy answered to my satisfaction.

Pre-Employment Informed Consent and Release of Liability and Test Results

I understand that according to the Policy, and in instances required by law, that I am required to submit a sample of my urine, blood, or breath for chemical analysis. I understand that a qualified testing laboratory will conduct this analysis.

The purpose of this analysis is to determine the absence or presence of drugs and/or alcohol.

I understand that offers of employment are strictly conditional, and contingent upon the successful completion of a screening for drugs or alcohol.

I consent freely and voluntarily to the Township's request for urine, blood, and /or breath specimens. I hereby release and hold harmless the Township and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I further authorize the release of test results to the Township.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date Signed: _____



**Application Part 8 - Pre-Employment Testing
Consent - CDL Driver**

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As required by the U.S. Department of Transportation, the Township may only hire drivers who are qualified to drive. Part of the qualification process includes a pre-employment drug test and may include a pre-employment physical.

By signing this release you are being notified that the pre-employment drug test is being performed as required by §382.113 of the Federal Motor Carrier Safety Regulations.

By signing this release you are also being notified that a pre-employment physical is being performed as required by §391 Subpart E of the Federal Motor Carrier Safety Regulations.

I understand that if I test positive for the use of controlled substances as shown in the policy that I am not physically qualified to operate a motor vehicle under the Federal Motor Carrier Safety Regulations and Township Policy.

The results of the tests will not be released to other persons or parties outside of the Township without your express consent unless required by the U.S. Department of Transportation or by law.

I have been given a copy of the Township's Drug and Alcohol Abuse/Use Policy. I have read and I understand its contents. I have had the opportunity to have any questions concerning this Policy answered to my satisfaction.

Driver's Name: _____

Driver's Signature: _____ Date Signed: _____



Application Part 9 - Job Description Acknowledgement

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I have been given a copy of the Job Description for which I am applying. I have read and I understand its contents.

I understand the Job Description is designed to accurately reflect job duties but that it may not be all-inclusive and other job-related duties may be required.

I understand that reasonable accommodations that do not cause an undue hardship on the. Township will be considered as required by local, state, or federal law.

I am able to abide by and adhere to its contents.

Job Description Title: _____

Date Signed: _____

Printed Name: _____

Signature: _____



Application Part 10 - Physical Release Form

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I hereby give my permission to have a pre-hire physical performed for the purposes of obtaining a position with Cumru Township.

I further agree to have the results of the pre-hire physical released to Cumru Township. I understand that my refusal to have a physical performed will indicate that I will not be considered for this position.

Printed Name: _____

Name (Signed): Date: I hereby give my permission to have a pre-hire physical performed for the purposes of obtaining a position with Cumru Township.

I further agree to have the results of the pre-hire physical released to Cumru Township. I understand that my refusal to have a physical performed will indicate that I will not be considered for this position.

Printed Name: _____

Signature: _____ Date Signed: _____

