



Chalfont Borough

40 N. Main St. Chalfont, PA 18914
Phone: 215-822-7295

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Full Name:				Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
Address:							
<i>Street Address</i>				<i>Apartment/Unit #</i>			
<i>City</i>				<i>State</i>		<i>ZIP Code</i>	
Phone:	()	E-mail Address:					
Date Available:		Social Security No.:		Desired Salary:		\$	
Position Applied for:							
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If yes, explain:							

EDUCATION

High School:		Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

REFERENCES

Please list three professional references.

Full Name:		Relationship:					
Company:		Phone:		()			
Address:							
Full Name:		Relationship:					
Company:		Phone:		()			
Address:							
Full Name:		Relationship:					
Company:		Phone:		()			
Address:							

PREVIOUS EMPLOYMENT

Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:			Starting Salary:	\$	Ending Salary:		\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

DISCLAIMER and SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:				Date:	
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