



Stroud Township Municipal Center  
1211 North Fifth Street, Stroudsburg, PA 18360

Phone: 570-421-3362  
Fax: 570-421-3240

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

# Application For Employment

Directions: Please print all information and sign after completion.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. No.

Other Number Where You  
Can Be Reached: (\_\_\_\_) \_\_\_\_\_

City State Zip Code

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

Position(s) applied for? \_\_\_\_\_

If the position requires it:

Do you have a Pennsylvania drivers license?  Yes  No

Pa. Lic. Num. \_\_\_\_\_

Do you own an automobile?  Yes  No

Proof of insurance will be required upon employment.

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

Proof of citizenship or immigration status will be required upon employment.

Are you under 18 years of age?  Yes  No

If so, working papers are required.

Are you able to perform the essential functions of the position for which you are applying with or without reasonable accommodation?  Yes  No Please review attached job description.

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain giving dates and sentence. Conviction will not necessarily disqualify you from employment. Rather, we will make a determination as to the extent to which the conviction relates to your suitability for employment in the position for which you have applied.

Are you available to work?

Full Time  Part Time  Days  Evenings  Nights

Any Time  On Call  Weekends  Holidays

Other: \_\_\_\_\_

If your application is considered favorably,  
on what date will you be available for work? \_\_\_\_\_

Person to be notified in the event of an accident or emergency:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EDUCATION:**

Name of School	City	State	Diploma/Degree	Course Of Study
High School:				
Technical School:				
College:				
Graduate School:				

Other Relevant Training: \_\_\_\_\_

Indicate Languages Other Than English Which You Know: \_\_\_\_\_

	Fluent	Good	Fair
Speak			
Read			
Write			

**PRIOR EXPERIENCE:**

List the most recent employment first.

Employer	Time Period	Title	Pay Per Wk	Duties	Reason For Leaving
1. Name:	From:				
Address:	To:				
2. Name:	From:				
Address:	To:				
3. Name:	From:				
Address	To:				

**REFERENCES:**

Individuals and prior employers who have first-hand knowledge of your abilities. (Do not provide relatives.)

Name	Address	Telephone	Relationship

State any additional information you feel may be helpful to us in considering your application.

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**APPLICANT'S STATEMENT:**

- 1) I hereby affirm that the information on this application, and that given in connection with this application, is correct and true. I understand that any false, misleading or incomplete answers or statements or implications made by me in connection with this application, or other required documents, or the failure to disclose any relevant information, shall result in the denial of employment or justification for discharge if discovered at a later date.
  
- 2) I authorize a thorough investigation of my past employment and activities and agree to cooperate in such an investigation. Further, I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the position(s) for which I am being considered or any future position(s) in the event I am hired. **In consideration of my receipt of this application and my being considered for employment, I hereby release from all liability or responsibility all persons and corporations requesting or supplying such information.**
  
- 3) I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that his application is not, and is not intended to be, a contract for continued employment. No representative of Stroud Township has the authority to enter into any agreement for employment for a specified period of time, or to make any agreement contrary to this paragraph.
  
- 4) I hereby agree to submit to any lawful drug or alcohol test that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment will result in disciplinary action, up to and including discharge.
  
- 5) By signing this application I affirm that I have read this "Applicant's Statement", that I understand the significance of the releases contained in Paragraph 2, that I intend to be legally bound by them, and that I am agreeing to them knowingly and voluntarily.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature