



JOB APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State, and Zip Code	
Telephone	Alternate Phone
If under 18, please list age	Email

Job Type				
Junior Counselor Under 18	Senior Counselor Over 18	Head Counselor	Art Counselor	

Additional Information		
Have you ever been employed by this organization in the past?	<input type="radio"/> Yes	<input type="radio"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	<input type="radio"/> Yes	<input type="radio"/> No
If Yes, please explain:		
Do you have a driver's license? <input type="radio"/> Yes <input type="radio"/> No	Driver's license number	Issued in what state?
Have you had any accidents during the past three years?		How many?
Have you had any moving violations during the past three years?		How many?

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business/Trade School

Military

Have you ever been in the Armed Forces?	<input type="radio"/> Yes	<input type="radio"/> No	Date entered
Are you now a member of the National Guard?	<input type="radio"/> Yes	<input type="radio"/> No	Discharge date

Specialty

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

References

Please include name, phone number, years known, and circumstances of your acquaintance. (Do not list relatives)

1.

2.

3.

ACCOMMODATIONS

Do you currently have any physical or mental conditions or problems that would interfere with or prevents you from performing safely the essential duties of the job(s) for which you are applying? Yes _____ No _____

If yes, describe _____

What accommodations, due to physical or mental disabilities would be required for you to be able to perform fully the essential tasks of the position for which you are applying? _____

PLEASE READ CAREFULLY BEFORE SIGNING

I swear that all the information contained in this application is true and correct. I understand that all the information contained in this application is subject to verification by West Chester Borough, and that an investigation may include contacting prior employers, checking my driving records, a credit check, and a criminal records check. I understand that misrepresentation or omission of any facts on this application will cause it to be rejected, or if not discovered until after hire, will subject me to termination.

I understand that as a condition of employment, I will be required to successfully pass a drug and alcohol screening test if I am requested to do so. If an offer of employment is made to me, it may be contingent upon my taking and passing a complete physical examination.

I further understand that nothing in this application or in the granting or conducting of an interview or tests is intended to create an employment contract of any kind. No promises regarding employment have been made to me, and I understand that no such promise would be binding upon West Chester Borough unless made in writing and signed by an officer of the Borough. Furthermore, I have been notified that the Pennsylvania courts recognize the employment-at-will doctrine. Therefore, I agree that I am employed "at-will", that it is not for any definite period of time, and that my employment may be terminated by me or by West Chester Borough at any time, for any legal reason, with or without notice or progressive discipline.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

The Borough of West Chester is an equal opportunity employer. As such we actively seek to employ the best qualified applicants for employment and to promote the best qualified employees without regard to race, color, sex, national origin, religion, age, marital status, sexual orientation, veteran status, or disability, which does not interfere with performance of essential job functions after reasonable accommodations.

Print Name: _____

Date: _____

Signature: _____