

**APPLICATION FOR EMPLOYMENT**

**BALLY BOROUGH 425 CHESTNUT STREET, PO BOX 217, BALLY PA 19503**

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source  Advertisement  Friend  Relative  
 Employment Agency  Other

Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City State Zip

Phone \_\_\_\_\_

Are you known to schools/references by another name?  Yes  No

If yes, by what name? \_\_\_\_\_

Have you filed an application or been employed here before?  Yes  No

Date(s) \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you possess an Alien Registration Card?  Yes  No

Are you available to work?  Full Time  Part Time  On Shifts

Do any of your friends or relatives work here?  Yes  No

If yes, list name(s) \_\_\_\_\_

Are you?  Under 18  18-70  Over 70 years of age

Have you been convicted of a felony or released from prison within the last 7 years?  Yes  No

If yes, describe in full, including date(s) \_\_\_\_\_

In case of accident or emergency, please notify:

Name Address Phone

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F**

Are you on lay-off and subject to recall? [ ] Yes [ ] No

What foreign languages do you speak, read, and/or write fluently?

	GOOD	FAIR	POOR
SPEAK			
READ			
WRITE			

Can you travel if a job requires it? [ ] Yes [ ] No

Have you been bonded? [ ] Yes [ ] No

If yes, for which position(s)? \_\_\_\_\_

Do you have a disability, handicap or a medical condition that limits your job performance? [ ] Yes [ ] No

If yes, please explain

Are you a veteran? [ ] Yes [ ] No

If yes, what was your branch of military service?

Rank \_\_\_\_\_

List trade or professional organizations of which you are a member, including offices held

Give name, address and phone number of three references not related to you

**EMPLOYMENT EXPERIENCE**

List each job held. Start with your present or last job.  
 Include military service assignments and volunteer activities.

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Salary		
Supervisor	Start	Final	
Reason For Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Salary		
Supervisor	Start	Final	
Reason For Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Salary		
Supervisor	Start	Final	
Reason For Leaving			
Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly Salary		
Supervisor	Start	Final	
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Summarize special skills or qualifications acquired from employment or other experience

---



---



---



---

**Education**

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

**Agreement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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

\_\_\_\_\_  
Date

For Personnel Department Use Only	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Remarks _____	
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title _____	Salary _____ Department _____