

**BOROUGH OF KENHORST**

339 SOUTH KENHORST BLVD.  
KENHORST, READING, PA. 19607

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or disability.

(PLEASE PRINT)

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

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

Referral Source:    \_\_\_ Advertisement    \_\_\_ Friend    \_\_\_ Relative  
                          \_\_\_ Employment Agency    \_\_\_ Other

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Address \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP CODE

Phone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_

Have you filed an application here before?    \_\_\_ Yes    \_\_\_ No    Date \_\_\_\_\_

Have you ever been employed here before?    \_\_\_ Yes    \_\_\_ No    Date \_\_\_\_\_

Are you a citizen of the United States?    \_\_\_ Yes    \_\_\_ No

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

If yes, give Alien Registration Number \_\_\_\_\_

Are you available to work?    \_\_\_ Full Time    \_\_\_ Part Time    \_\_\_ Shift Work

Are you on lay-off and subject to recall?    \_\_\_ Yes    \_\_\_ No

Can you travel if a job requires it?    \_\_\_ Yes    \_\_\_ No

Do any of your friends or relatives, other than your spouse, work here?    \_\_\_ Yes    \_\_\_ No

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

Have you been convicted of a felony within the last 7 years?    \_\_\_ Yes    \_\_\_ No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a veteran of the U.S. military service?  Yes  No

If yes, what was your branch of the U.S. military service? \_\_\_\_\_

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which are applying?  Yes  No

If yes, please explain \_\_\_\_\_

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

|       | FLUENTLY | GOOD | FAIR |
|-------|----------|------|------|
| SPEAK |          |      |      |
| READ  |          |      |      |
| WRITE |          |      |      |

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin):

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

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### Special Employment Notice To Disabled Veterans, Vietnam Era Veterans, And Individuals With Physical Or Mental Disabilities

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Disabled Individual  Disabled Veteran  Vietnam Era Veteran

Signed \_\_\_\_\_

# Employment Experience

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

|                    |                   |       |                |
|--------------------|-------------------|-------|----------------|
| Employer           | Dates             |       | Work Performed |
|                    | From              | To    |                |
| Address            |                   |       |                |
| Job Title          | Hrly. Rate/Salary |       |                |
|                    | Starting          | Final |                |
| Supervisor         |                   |       |                |
| Reason for Leaving |                   |       |                |
| Employer           | Dates             |       | Work Performed |
|                    | From              | To    |                |
| Address            |                   |       |                |
| Job Title          | Hrly. Rate/Salary |       |                |
|                    | Starting          | Final |                |
| Supervisor         |                   |       |                |
| Reason for Leaving |                   |       |                |
| Employer           | Dates             |       | Work Performed |
|                    | From              | To    |                |
| Address            |                   |       |                |
| Job Title          | Hrly. Rate/Salary |       |                |
|                    | Starting          | Final |                |
| Supervisor         |                   |       |                |
| Reason for Leaving |                   |       |                |
| Employer           | Dates             |       | Work Performed |
|                    | From              | To    |                |
| Address            |                   |       |                |
| Job Title          | Hrly. Rate/Salary |       |                |
|                    | Starting          | Final |                |
| Supervisor         |                   |       |                |
| Reason for Leaving |                   |       |                |

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

Summarize Special Skills and Qualifications  
Acquired From Employment Or Other Experience \_\_\_\_\_

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# Education

|   | Elementary | High       | College/University | Graduate/<br>Professional |
|---|------------|------------|--------------------|---------------------------|
| School Name   |            |            |                    |                           |
| Years Completed: (Grade)  | 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 |            |            |                    |                           |

Honors Received:

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

## Agreement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

### For Personnel Department Use Only

Arrange Interview  Yes  No Date & Time: \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER DATE

Employed  Yes  No DATE NOTIFIED Date of Employment: \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME/TITLE DATE