



SHAUN WALSH, *Chair*  
 ASHLEY GAGNE, *Vice-Chair*  
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# Board of Supervisors

CASEY LALONDE, *Township Manager*

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## APPLICATION FOR EMPLOYMENT AND PRE-EMPLOYMENT QUESTIONNAIRE

**West Goshen Township 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 accommodation.**

(1) Please answer each question completely and accurately, and print or type clearly and legibly. Incomplete applications will not be accepted. False or misleading information on the application will be grounds for refusal to hire, or termination if not discovered until after hire. If you need assistance in completing the application, please ask for help.

(2) Applications are considered in order of date received.

(3) As a condition of employment, and depending on the position for which you are applying, you may be required to take and pass a drug and alcohol screening test.

(4) As a condition subsequent to employment (after you are hired, but perhaps before you begin work), you may be required to take a complete physical examination including additional tests.

### BASIC INFORMATION

Position(s) desired: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_  
 (Last) (First) (Middle)

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

Present address: \_\_\_\_\_  
 (Number) (Street) (Unit or Apartment No.)

(City) (State) (Zip + 4) (Area Code and Day Number)

Permanent address (if different): \_\_\_\_\_  
 (Number) (Street) (Unit or Apartment No.)

(City) (State) (Zip + 4) (Area Code and Day Number)

Date available for work: \_\_\_\_\_

**EDUCATION AND TRAINING**

High School: \_\_\_\_\_  
(Name) (Address) (Diploma or Grade Completed)

College: \_\_\_\_\_  
(Name) (Address) (Degree or Years Completed) (Major)

Other educational study: \_\_\_\_\_

Special training, skills, or licenses: \_\_\_\_\_

**DRIVING INFORMATION**

Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

If yes: \_\_\_\_\_  
(State) (Number) (Expires) (Classes) (Restrictions)

Have any of your licenses ever been suspended? \_\_\_\_\_ Revoked? \_\_\_\_\_

If yes, describe: \_\_\_\_\_  
(Dates) (Reasons)

\_\_\_\_\_

**KNOWLEDGE/INTEREST IN**

Have you ever been employed by West Goshen Township? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_  
(Positions) (Dates) (Salary) (Reasons for leaving)

How did you learn about this position? \_\_\_\_\_

Why are you interested in working for the Township? \_\_\_\_\_

\_\_\_\_\_

Are you willing to work full-time? Yes \_\_\_\_ No \_\_\_\_

regular part-time? Yes \_\_\_\_ No \_\_\_\_

some other arrangement? \_\_\_\_\_

Are there hours, shifts, or days that you are unable or unwilling to work? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMIGRATION**

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status?

Yes \_\_\_\_ No \_\_\_\_ (If you are hired, you will have to complete Immigration Form I-9 and furnish proof of citizenship or immigration status.)

**EMPLOYMENT HISTORY**

(If you used a different name with a previous employer, please give that name below.)

In your present or in any prior employment, have you ever had a problem with absenteeism or lateness?

Yes \_\_\_\_ No \_\_\_\_ If yes, describe: \_\_\_\_\_

Have you ever been discharged (fired) from a job? Yes \_\_\_\_ No \_\_\_\_

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

List jobs below in reverse chronological order - most recent jobs first.

1. Present job:

Name and address of employer: \_\_\_\_\_

Employed since: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Next higher supervisor: \_\_\_\_\_

Why do you want to leave? \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

2. Previous job:

Name and address of employer: \_\_\_\_\_

Employed since: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Next higher supervisor: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

3. Previous job:

Name and address of employer: \_\_\_\_\_

Employed since: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Next higher supervisor: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

4. Previous job, if within last ten years:

Name and address of employer: \_\_\_\_\_

Employed since: \_\_\_\_\_

Job title and major duties: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_

Next higher supervisor: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

May we contact this employer? Yes \_\_\_\_ No \_\_\_\_

5. Explain any gaps, of one month or longer, between listed jobs: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**  
(Do not list relatives)

	Name and Occupation	Address	Day Phone Number	Years Known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**ACCOMMODATIONS**

Do you currently have any physical or mental conditions or problems that would interfere with or prevent 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 of the information contained in this application is true and correct. I understand that all of the information contained in this application is subject to verification by West Goshen Township, 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 Goshen Township unless made in writing and signed by an officer of the Township. 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 Goshen Township at any time, for any legal reason, with or without notice or progressive discipline.

Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THIS PAGE TO BE FILLED OUT BY CANDIDATES FOR SUMMER RECREATION COUNSELOR**

**INTERVIEW AVAILABILITY**

All qualified candidates will be interviewed by the West Goshen Township Park and Recreation Department. Interviews are usually scheduled for late afternoons and may last up to ½ hour. Please list best week for an interview to be scheduled (week beginning no later than April 30): \_\_\_\_\_

**AGREEMENT**

If I am accepted for this position, I agree to serve for the full eight (8) week program. I understand and accept that failure to serve for the full eight-weeks without excused absence from the Summer Recreation Coordinator or the Park and Recreation Director may be grounds for immediate dismissal. Proper documentation (i.e., doctor's note, etc.) will be required for any excused absences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date