

TOWNSHIP OF SPRINGFIELD

50 POWELL ROAD
SPRINGFIELD, PA 19064
Office 610-544-1300
Fax 610-544-3012

APPLICATION FOR TEMPORARY/SEASONAL/SUMMER EMPLOYMENT

Date: _____

Name: _____

Phone # _____

Address: _____

Cell # _____

E-Mail _____

Temporary/Part-Time
Position Desired _____

Are you 18 years old or over? Yes No

EDUCATION

High School: _____

GED or Diploma

College/Trade School: _____

Skills or Trade _____

EMPLOYMENT RECORD

Employer _____

Date Started _____

Address _____

Date Finished _____

Name of Supervisor _____

Phone # _____

Employer _____

Date Started _____

Address _____

Date Finished _____

Name of Supervisor _____

Phone # _____

PERSONAL

Have you ever worked for the Township of Springfield before? Yes No

Complete the following if applying for a Public Works Department Position:

Driver's License Number _____ State _____ Class _____ Expiration Date _____

CDL Yes No

REFERENCES

Name _____ **Address** _____ **Phone #** _____

Name _____ **Address** _____ **Phone #** _____

Name _____ **Address** _____ **Phone #** _____

EMERGENCY CONTACTS

Please provide the names, addresses and telephone numbers (home, work and cell) for two people who should be contacted if the event of an emergency.

Name _____ **Phone #** _____
home work cell

Name _____ **Phone #** _____
home work cell

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ON A TEMPORARY/SEASONAL/SUMMER BASIS.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THE TOWNSHIP IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE _____ DATE: _____

SIGNATURE OF SUPERVISOR _____ DATE: _____

SIGNATURE OF WITNESS _____ DATE: _____