



# TOWN OF ABINGTON

## EMPLOYMENT APPLICATION

### PLEASE READ BEFORE FILLING OUT THIS APPLICATION

The Town of Abington does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, handicap, veteran status, ancestry, sexual orientation, genetics, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately. If you need more space, please attach a separate sheet. Please print and use ink.

### PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Mailing address \_\_\_\_\_  
(if different) Number Street City State Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_

Position(s) desired \_\_\_\_\_

Salary desired \_\_\_\_\_ Date available \_\_\_\_\_

### GENERAL INFORMATION

#### BY WHOM OR WHAT SOURCE WERE YOU REFERRED TO US?

SELF

SCHOOL / COLLEGE

NEWSPAPER OR OTHER PUBLICATION NAME \_\_\_\_\_

EMPLOYEE REFERRAL NAME \_\_\_\_\_

OTHER EXPLAIN \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No May we contact your present employer?  Yes  No

# Applicant Data Record – This information is voluntary

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, sexual orientation, genetics, marital or veteran status, medical condition, or handicap.

As employers / government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

**(PLEASE PRINT)**

Date \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in  
 Employment Agency  Other \_\_\_\_\_

Name \_\_\_\_\_ ( )  
LAST FIRST MIDDLE AREA CODE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE