



EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR POSITION AS

Director of Planning

DATE TODAY / /

Form with fields: LAST NAME, FIRST, MIDDLE, SOCIAL SECURITY NO., RESIDENCE PHONE NO., HOME ADDRESS, CITY, STATE, ZIP CODE

1 South 3rd Street Easton, PA 18042

Form with fields: DATE ABLE TO START, SALARY EXPECTED, IF NOT A U.S. CITIZEN, DESCRIBE YOUR VISA AND ITS EXPIRATION DATE, ARE YOU PERMITTED TO WORK IN THE U.S. UNDER THIS VISA?, IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A MOTOR VEHICLE, DO YOU HAVE THE PROPER DRIVER'S LICENSE

EDUCATION

Table with 4 columns: ELEMENTARY SCHOOL, HIGH SCHOOL, UNDERGRADUATE COLLEGE/UNIVERSITY, GRADUATE/ PROFESSIONAL. Rows include SCHOOL NAME AND LOCATION, YEARS COMPLETED, DIPLOMA/DEGREE, DESCRIBE COURSE OF STUDY

SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES

Form for specialized training, apprenticeship, extracurricular activities

Form with question: ARE YOU ABLE WITH OR WITHOUT ACCOMMODATIONS TO PERFORM ALL OF THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? IF APPLICABLE, DESCRIBE ACCOMMODATION:

SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE

Form for special job-related skills and qualifications from employment or other experience

Form with question: HAVE YOU EVER BEEN CONVICTED OF A CRIME? CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. IF YES, PLEASE EXPLAIN:

MILITARY SERVICE

Form with fields: BRANCH OF SERVICE, DATES OF ACTIVE DUTY, HIGHEST RANK, DESCRIBE THE NATURE OF YOUR DUTIES

EMPLOYMENT HISTORY

LIST IN ORDER BEGINNING WITH THE MOST RECENT

| | | |
|---------------------------------------|------------|--|
| EMPLOYER | START DATE | STARTING SALARY |
| | END DATE | ENDING SALARY |
| ADDRESS | PHONE | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND TITLE OF SUPERVISOR | | |
| LIST POSITION AND DUTIES | | |
| REASON FOR LEAVING / WISHING TO LEAVE | | |

| | | |
|------------------------------|------------|--|
| EMPLOYER | START DATE | STARTING SALARY |
| | END DATE | ENDING SALARY |
| ADDRESS | PHONE | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND TITLE OF SUPERVISOR | | |
| LIST POSITION AND DUTIES | | |
| REASON FOR LEAVING | | |

| | | |
|------------------------------|------------|--|
| EMPLOYER | START DATE | STARTING SALARY |
| | END DATE | ENDING SALARY |
| ADDRESS | PHONE | MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME AND TITLE OF SUPERVISOR | | |
| LIST POSITION AND DUTIES | | |
| REASON FOR LEAVING | | |

REFERENCES

(OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)

Providing this information means that you give this organization permission to contact the references given

| | Name | Address | Telephone No. | Years Known |
|----|-------|---------|---------------|-------------|
| 1. | _____ | | | |
| 2. | _____ | | | |

THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR NO MORE THAN 6 MONTHS. AFTER THAT TIME, APPLICANTS WILL BE REQUIRED TO RESUBMIT A COMPLETED APPLICATION. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT CONSTITUTES AN EMPLOYMENT CONTRACT.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also if employed, I am required to abide by all rules and regulations of the employer.

Signature _____

Date _____