

## Horsham Township Library Application for Employment

**Personal information:**

Name:	Today's Date:
Present address (street, city, state & zip):	
Permanent address (street, city, state & zip) if different:	
Phone number: (       )	
List name & relationship of any relatives who work for Horsham Township:	Referred by:

**Employment desired:**

Position:	
Date you can start:	Salary desired:
Are you employed now?	May we contact your employer?
Have you ever applied to this company before?	When?

**Education:**

School	Name & Location	Graduated ?		Major subjects / Degree(s) earned
		Yes	No	
High School				
College / University				
Other (Specify)				

**Other Information:**

Skills, abilities, subjects of special study:
Special training:
Activities (civic, athletic, etc.):

Continued – next side

**Former employment:**

Dates employed (month & year)	Name & address of employer	Telephone	Name of supervisor:	Position held:	Reason for leaving:
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

**References:**

Name	Business	Address	Telephone	Years acquainted

**Have you ever been convicted of a criminal offense?** (circle one): **Yes**    **No**  
**If yes, what year?** \_\_\_\_\_ **Where** (County & State): \_\_\_\_\_

**All prospective employees of the Horsham Township Library are subject to an FBI background check and Pennsylvania Child Abuse History Clearance as a condition of employment.**

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant – please fill out and sign the attached Release Authorization  
 For Police background check.**

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**Applicant – please do not write below this line**

Interviewed by:	Date:	
Remarks:		
Reference checks:		
Company / contact:	Date:	Checked by:

HORSHAM TOWNSHIP



1025 HORSHAM ROAD

HORSHAM, PA. 19044

215-643-3131 PHONE  
215-643-0448 FAX

MICHAEL J. MCGEE  
MANAGER

RICHARD A. KIRKMAN  
ASST. MANAGER

## RELEASE AUTHORIZATION

To All Courts, Probations, Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and other such institutions, and All Governmental Agencies-Federal, State, and Local, without exception, both foreign and domestic.

I have authorized the Horsham Township Police Department to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of Horsham Township, provided that he or she certifies to you that I have an application pending before Horsham Township and that I am presently an applicant for employment by Horsham Township.

I further authorize the Horsham Township Police Department to conduct an investigation into my financial background, to include credit and banking histories.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Legal Signature of Applicant)

Driver's license # or date of birth: \_\_\_\_\_