

## 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**

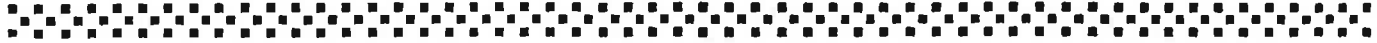


**TOWNSHIP**

**POLICE DEPARTMENT**



ROBERT H. RUXTON, *Chief of Police*  
JOSEPH M. REPKOE, *Captain*



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**Individual Release Form**

By completing and signing this form, I agree that the Horsham Township Police Department may obtain the following records and information about me:

1. Consumer credit reports and/or other information regarding my financial condition. I understand that these reports will be supplied by S2 Verify who has been contracted with Horsham Township to obtain this information.
2. Verify my bank records and/or other information regarding my financial condition. I understand that this information will be supplied by S2 Verify who has been contracted with Horsham Township to obtain this information.
3. Obtain a drivers license and traffic safety history or other motor vehicle records in my name.
4. Perform a criminal records search in my name.

**Further, I understand that these inquiries could be requested from Federal, State, Local or Military Agencies and/or Consumer Credit Reporting companies.**

**I authorize without reservation, any agencies contacted to furnish the above listed information and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in an original, fax, photocopy or digital image form.**

**(Please fill in all information completely)**

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Parent or guardian's signature (if under age 18): \_\_\_\_\_