



# **TOWNSHIP OF CUMRU APPLICATION FOR EMPLOYMENT PACKET**

## **OUR APPLICATION POLICIES**

- Applications may be completed **ONLY** when we are accepting applications
- The Applicant must use one of our forms
- The Applicant her/himself must complete the application in ink
- Only one person may complete an application at a time
- Applications missing critical information will not be considered
- Applications will be considered "active" for a period of 30 days from the date they were initially signed except as noted in the "Job Application Policy" section of the Application for Employment
- Interviews will be held by appointment
- We do check references!

This Application for Employment Packet should contain the following:

1. Application for Employment
2. As applicable: Driving Record/Background Check Release, Drug Testing Release, Vehicle/Driver Information, and Physical Examination Release
3. Employer, Individual and Education Reference Request Forms
4. Job Description



## Application Part 2 - About The Township

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# Township of Cumru

As you prepare to complete your application for our Township, we would like to take this opportunity to say thank you for your interest. Our Township is eager to speak with you and see how your skills and our needs could fulfill each other.

Should you be hired, you will find that we pride ourselves in valuing our employees and the abilities and new ideas they bring to our organization. We believe you will enjoy working with us and you will have the opportunity to learn and grow with the Township.

If our Township sounds like the kind of Township you would like to work for, we would like to talk with you.

### Application Part 3- Application for Employment

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#### NAME AND ADDRESS INFORMATION

Last Name:		First Name:		Middle Name:	
Present Address: Street:		City:		State/Zip:	Telephone: ( )
Permanent Address: Street:		City:		State/Zip:	Telephone: ( )
Mobile/Beeper/Other Phone #: ( )					

#### WORK ELIGIBILITY INFORMATION

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment. The Immigration Reform and Control Act of 1986 requires employment eligibility of all new hires.

No person under the age of 18 shall be employed without a general or vacation employment certificate. Are you 18 years of age or older?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have the right to remain and work permanently in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof of age and that you are eligible to work in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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#### POSITION INFORMATION

Position Desired:		Pay Expected:		Date You Could Start:	
Check ( ) Hours You Are Available To Work (please check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend <input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Overtime					
Are you employed now?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently on "layoff" status and subject to recall?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now or do you expect to be engaged in any other business or employment?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:			
Have you ever worked for us before?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state position, date, and reason for leaving:			
Have you ever applied to us before?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state position, date, and outcome of application:			
Do you have any relatives currently employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name:			
Have you ever been convicted of a felony?: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please explain:  Note: A yes does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.			

## Application Part 3- Application for Employment

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### APPLICATION FOR EMPLOYMENT IMPORTANT AUTHORIZATIONS AND UNDERSTANDINGS

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#### INTRODUCTION

Thank you for your interest in our Township. The purpose of this application packet is to provide you with pertinent information about the job for which you are applying, information about the Township, and to assist you in comparing your qualifications with those required to be considered for the position.

Our goal is to hire and retain the best employees and provide them with a healthy, safe, and productive work place. Our employees are our most valuable resource and will be treated as such.

#### EQUAL EMPLOYMENT OPPORTUNITY

All qualified applicants will be considered on their merits and without regard to age, race, color, sex, national origin, disability, military status, or any other status protected by law.

#### REASONABLE ACCOMMODATION

If you need assistance or an accommodation during the application process because of a disability, it is available upon request. We are pleased to provide such assistance and no applicant will be penalized as a result of such a request.

#### JOB APPLICATION POLICY

We generally accept job applications only when we have determined there are jobs available or soon to be available. When we make a determination that there are jobs we intend to fill, we reserve the right to review active applications already on file prior to accepting new applications. Given the nature of our business, we reserve the right to not hire persons even though applications have been accepted should we determine our needs were not as we initially projected. Applications are considered "active" for a period of 30 calendar days from the date they were initially signed. An applicant who wishes to be considered after the expiration of that period may establish one (1) additional 30 day "active" period by either calling or personally visiting the Township no sooner than five (5) calendar days prior to and no later than five (5) calendar days after the expiration of the initial 30 days period. In that event, the second 30 day active period will commence immediately upon the expiration of the first. After the expiration of the "active" period, a new application must be completed. All applications must be completed at the Township. We accept only numbered originals of our applications material.

#### HIRING DECISIONS

We hire based on personal contact with individuals. We base our hiring decision on a variety of factors including skills and ability to perform the job, prior employment with us, employment references, willingness to accept the offered salary, and personal interviews.

#### GENERAL WORK AND SCHEDULING RULES

All employees are expected to work and to work the hours appropriate for their employment status. It is the nature of our business that work may need to be done on a tight schedule. Just as the classification of an employee is not a guarantee of a certain number of hours or work, it is not a limitation on the number of hours for which an individual may be assigned unless prior approval has been given or the Township is aware prior to the assignment of conditions which would preclude an individual from being able to work. Full time employees are expected to be available for "regular" 40 hours schedule plus overtime as may be required by the Township. Regular part time and temporary employees are expected to be available for the hours for which they committed to work at the time of hire.

#### CONFLICT OF INTEREST

Our employees are prohibited from working or having an ownership interest in any other Township or organization of any size or type where there is a potential conflict of interest with our business except with the approval of the Township. The Township employees may not own (in whole or in part, directly or indirectly), manage, be a consultant to, or have any relationship with another similar Township or organization.

# Application Part 3- Application for Employment

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## U.S. MILITARY SERVICE INFORMATION

Have you ever served in the U.S. military?

☐ Yes ☐ No

If yes, please list branch of service and last rank:

## REFERRAL INFORMATION

Referred By:

☐ Initiative

☐ Newspaper Ad

☐ Employment Agency

☐ Employee Name

☐ Career Placement

☐ Phone Book

☐ Other? \_\_\_\_\_

## EDUCATION

Name of School  
Location of School

Did You  
Graduate?

Degrees or Major  
Field of Interest

High School or  
GED

☐ Yes  
☐ No

College

☐ Yes  
☐ No

Trade or Business School

☐ Yes  
☐ No

Are you planning to pursue further studies:

☐ Yes ☐ No

If 'yes', please explain:

## REFERENCES

Please give the names of persons not related to you and for whom you have not worked, whom you have known at least three years.

Name	Address	Telephone	Business	Years Acquainted
		( )		
		( )		
		( )		
		( )		

## Application Part 3- Application for Employment

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### ADDITIONAL INFORMATION

List additional information, including skills, special training, professional, trade, business, civic activities, offices held, that may help us in considering your application. You may exclude information that may indicate references to race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability, status as a disabled veteran, veteran of Vietnam, or any other legally protected status.

\_\_\_\_\_

### GENERAL INFORMATION

Why are you interested in working for us?

\_\_\_\_\_

What did you enjoy most about your last job?

\_\_\_\_\_

What did you enjoy least about your last job?

\_\_\_\_\_

#### EMPLOYMENT HISTORY

Beginning with the MOST RECENT, list all jobs including volunteer work, part time employment while in school, military service, self employment, and unemployment. Please account for all periods of employment and unemployment for at least the past ten (10) years and including at least the last three (3) employers.

(1) Employer:		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Employer:		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(3) Employer:		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Application Part 3- Application for Employment

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<b>(4) Employer:</b>		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>(5) Employer:</b>		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>(6) Employer:</b>		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>(7) Employer:</b>		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>(8) Employer:</b>		Telephone: (    )	
Street Address:	City:	State:	Zip:
Period Employed (Month/Year):	From:	To:	Salary:
Supervisor Name and Title:	Your Job/Position Title:		
Description of Your Duties:			
Reason for Leaving:			
May We Contact the Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Application Part 3- Application for Employment

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#### **IMPORTANT! PLEASE READ BEFORE SIGNING**

#### **COMPLETENESS AND ACCURACY OF INFORMATION**

I represent that all of the information given by me in support of my application for employment is true and complete. I understand that any false, omitted or misleading information submitted during the application process will disqualify me from consideration for hire. If I have already been hired before the falsification or omission is discovered, my employment will be terminated. Information not specifically requested on the application will render the employment application unacceptable.

#### **AUTHORIZATION FOR RELEASE OF INFORMATION AND RELEASE FROM LIABILITY**

I acknowledge that a routine inquiry may be made which will provide applicable information concerning my character, general reputation, personal characteristics, and mode of living. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment records, criminal background, past employment, and education. In accordance with the Fair Credit Reporting Act (FCRA) and other applicable regulations, I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any investigation report that is made. I release you and them from liability as a result of those inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding and may be relied upon.

#### **NO WRITTEN, ORAL OR IMPLIED CONTRACTS**

I understand that all employment with the Township is "at will" unless precluded by an applicable collective bargaining agreement, state or federal law. This means that just as an employee has the right to terminate the employment relationship at any time, with or without reason, the Township retains a similar right. I understand that any written Township documents, or any oral statements made either during the application process or, if I am employed, after I am employed should not be relied upon by me as altering the general policy. I acknowledge that only the President of the Township has the authority to alter the at-will nature of employment, and then only by written contract specifically signed by the President of the Township.

#### **APPLICATION ACKNOWLEDGEMENT**

**I ACKNOWLEDGE I HAVE READ AND UNDERSTAND ALL THE ABOVE TERMS  
AND THAT I AGREE WITH THEM.**

Name (please print):



Applicant Signature:

Date:





**TOWNSHIP OF CUMRU**  
**Berks County, Pennsylvania**  
**1775 Welsh Road, Mohnton, PA 19540**  
**(610) 777-1343 (telephone) - (610) 796-0850 (fax)**

**FORMER EDUCATIONAL INSTITUTION REFERENCE REQUEST**

Applicant Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I hereby authorize my former educational institution listed below to furnish any information concerning my education and I hereby release such institution from any liability or damages as a result of furnishing such information.

Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Former Educational Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she previously attended this educational institution. Your verification will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Attended (complete **ONLY** if college, trade or professional school):

\_\_\_\_\_

Did he/she Graduate?:

Degree or Major Field of Interest:

\_\_\_\_\_

Please check the appropriate response:

Attendance: ☐ Excellent ☐ Average ☐ Below Average

Quality of Work: ☐ Excellent ☐ Average ☐ Below Average

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

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

Thank you.



**TOWNSHIP OF CUMRU**  
**Berks County, Pennsylvania**  
**1775 Welsh Road, Mohnton, PA 19540**  
**(610) 777-1343 (telephone) - (610) 796-0850 (fax)**

**FORMER EMPLOYER REFERENCE REQUEST**

Applicant Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Former Supervisor's Name: \_\_\_\_\_

Former Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_

Position/s Held: \_\_\_\_\_

Reason/s for Leaving: \_\_\_\_\_

Would You Re-Hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance: ☐ Excellent ☐ Average ☐ Below Average

Quality of Work: ☐ Excellent ☐ Average ☐ Below Average

Teamwork: ☐ Excellent ☐ Average ☐ Below Average

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

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

Thank you.



**TOWNSHIP OF CUMRU**  
**Berks County, Pennsylvania**  
**1775 Welsh Road, Mohnton, PA 19540**  
**(610) 777-1343 (telephone) - (610) 796-0850 (fax)**

### **FORMER EMPLOYER REFERENCE REQUEST**

Applicant Name: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_

I hereby authorize my former employer listed below to furnish any information concerning my personal character, habits, or employment record and I hereby release such employer from any liability or damages as a result of furnishing such information.

Today's Date: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_  
Former Supervisor's Name: \_\_\_\_\_  
Former Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Dates Employed: \_\_\_\_\_  
Position/s Held: \_\_\_\_\_  
Reason/s for Leaving: \_\_\_\_\_  
Would You Re-Hire?: \_\_\_\_\_

Please check the appropriate response:

Attendance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Quality of Work:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average
Teamwork:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
Thank you.



**TOWNSHIP OF CUMRU**  
**Berks County, Pennsylvania**  
**1775 Welsh Road, Mohnton, PA 19540**  
**(610) 777-1343 (telephone) - (610) 796-0850 (fax)**

**INDIVIDUAL REFERENCE REQUEST**

Applicant Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I hereby authorize the person listed below to furnish any information concerning my personal character and habits and I hereby release him or her from any liability or damages as a result of furnishing such information.

Today's Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Sir/Madam:

The above named applicant has listed you as a reference. Your evaluation of him/her will be appreciated. Since his/her employment is pending, your earliest reply will be helpful. Thank you for your time and consideration.

Years Acquainted: \_\_\_\_\_

What Capacity: \_\_\_\_\_

What do you consider the above named applicant's strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

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

Thank you.



## Application Part 5 – Driving Record Check Release – Non-CDL

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The Township requires all employees to hold a valid driver's license and a record of safe driving. By signing this form, you are allowing us to ask the Pennsylvania Department of Transportation, or other agency or Township, to furnish us with a copy of your driving record. Information requested will be in compliance with the Fair Credit Reporting Act.

I \_\_\_\_\_ [printed name of operator] hereby consent to the above information being provided to the Township.

\_\_\_\_\_ [signature of operator] \_\_\_\_\_ [date]



## Application Part 6 – Driving Record Check Release - CDL

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### DRIVING INFORMATION - CDL

### STOP!

**DO NOT ANSWER THE FOLLOWING QUESTIONS UNLESS THE POSITION YOU ARE APPLYING FOR REQUIRES A COMMERCIAL DRIVER'S LICENSE (CDL). THE FOLLOWING QUESTIONS ARE IN COMPLIANCE WITH THE U.S. DEPARTMENT OF TRANSPORTATION'S REGULATIONS.**

List the addresses at which you have resided during the three (3) years preceding the date on which the application is submitted.

Last Name:	First Name:	Middle Name:
Present Address: Street:	City:	State/Zip/From-To:
Prior Address: Street:	City:	State/Zip/From-To:
Prior Address: Street	City:	State/Zip/From-To:
Prior Address: Street:	City:	State/Zip/From-To:

Date of Birth:	Social Security Number:	Application Date:
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List the state, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

STATE	NUMBER	EXPIRATION DATE

List the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated.

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## Application Part 7 - Substance Abuse Testing Release - Applicant Acknowledgement

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No applicant will be considered for employment with the Township without signing this document.

I understand that by signing this document that it does not create any contract or binding agreement between the Township and myself. I further understand that if I am employed by the Township that my employment can be terminated by either myself or the Township at any time, for any lawful reason, with or without notice unless precluded by an applicable collective bargaining agreement, state or federal law.

The Township, is committed to maintaining a safe, healthy, and productive work environment free from the negative effects of drug and alcohol use. The Township will not tolerate any drug or alcohol use which could endanger the health and well being of its employees or threaten its business operations.

The Township strictly prohibits the unauthorized and/or unlawful manufacture, distribution, dispensing, possession or use of a controlled substance or alcohol in all Township facilities, on all Township property, and in all vehicles on Township property or under Township control.

I hereby acknowledge that I have received a copy of the Township's Drug and Alcohol Abuse/Use Policy. I have read and understand its contents. I understand I am subject to drug and/or alcohol testing as provided by the Policy. I understand that violations of the policy can result in disciplinary action, up to and including, termination of employment.

I also acknowledge that the provisions of the Policy are part of the terms and conditions of my employment and that I agree to abide by them. I have had the opportunity to have any questions concerning this Policy answered to my satisfaction.

### Pre-Employment Informed Consent and Release of Liability and Test Results

I understand that according to the Policy, and in instances required by law, that I am required to submit a sample of my urine, blood, or breath for chemical analysis. I understand that a qualified testing laboratory will conduct this analysis.

The purpose of this analysis is to determine the absence or presence of drugs and/or alcohol.

I understand that offers of employment are strictly conditional, and contingent upon the successful completion of a screening for drugs or alcohol.

I consent freely and voluntarily to the Township's request for urine, blood, and /or breath specimens. I hereby release and hold harmless the Township and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I further authorize the release of test results to the Township.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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



## Application Part 8 - Pre-Employment Testing

### Consent – CDL Driver

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As required by the U.S. Department of Transportation, the Township may only hire drivers who are qualified to drive. Part of the qualification process includes a pre-employment drug test and may include a pre-employment physical.

By signing this release you are being notified that the pre-employment drug test is being performed as required by §382.113 of the Federal Motor Carrier Safety Regulations.

By signing this release you are also being notified that a pre-employment physical is being performed as required by §391 Subpart E of the Federal Motor Carrier Safety Regulations.

I understand that if I test positive for the use of controlled substances as shown in the policy that I am not physically qualified to operate a motor vehicle under the Federal Motor Carrier Safety Regulations and Township Policy.

The results of the tests will not be released to other persons or parties outside of the Township without your express consent unless required by the U.S. Department of Transportation or by law.

I have been given a copy of the Township's Drug and Alcohol Abuse/Use Policy. I have read and understand its contents. I have had the opportunity to have any questions concerning this Policy answered to my satisfaction.

Driver's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

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





## Application Part 9 – Job Description Acknowledgement

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I have been given a copy of the Job Description for which I am applying. I have read and understand its contents.

I understand the Job Description is designed to accurately reflect job duties but that it may not be all-inclusive and other job related duties may be required.

I understand that reasonable accommodations that do not cause an undue hardship on the Township will be considered as required by local, state, or federal law.

I am able to abide by and adhere to its contents.

Job Description Title:

---

Today's Date:

---

Printed Name (Signed):

---

Signature:

---



## Application Part 10 - Physical Release Form

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I hereby give my permission to have a pre-hire physical performed for the purposes of obtaining a position with Cumru Township.

I further agree to have the results of the pre-hire physical released to Cumru Township.

I understand that my refusal to have a physical performed will indicate that I will not be considered for this position.

Name (Printed): \_\_\_\_\_

Name (Signed): \_\_\_\_\_

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



# Application Part 11 - Criminal History Release Form

Page 1 of 1 - Revised: January 18, 2002

Commonwealth of Pennsylvania  
County of Berks  
Township of Cumru

I, \_\_\_\_\_, hereby give  
authorization for the Cumru Township Police Department to receive a copy of my  
criminal record, should there be any.

For purposes of identification, my address is \_\_\_\_\_

My date of birth is \_\_\_\_\_ My place of birth is \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

Regarding employment with the Township of Cumru for the position of \_\_\_\_\_

I hereby acknowledge and understand that checks for criminal records will be done on a  
State and National level.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF  
\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

MY COMMISSION EXPIRES \_\_\_\_\_

**TOWNSHIP OF CUMRU**BERKS COUNTY, PENNSYLVANIA  
1775 WELSH ROAD  
MOHNTON, PA. 19540

WWW.CUMRUTOWNSHIP.COM

I (name) \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

having filed an application for employment with the Township of Cumru, consent to have an investigation made as to my moral character, professional reputation, and fitness for the position of \_\_\_\_\_ and such information as may be received, reported to the Township of Cumru. I agree to give any further information, which may be required in reference to my past record. I understand that I will not receive, and am not entitled to, a copy of the investigation or to know its contents, and I further understand that the contents are privileged.

I also authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish the Township of Cumru any such information including documents, records, complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Township of Cumru or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I specifically authorize the Township of Cumru to obtain any information from my official record on file with any Local Board of the Selective Service System in any state and hereby consent to and authorize the release of such information by the Selective Service System.

I hereby request and authorize the Department of the Army, Navy, Marines, Air Force, Coast Guard, National Guard, or any other military organization, to furnish the Cumru Township Police Department, the record of each period of my service therein, and to furnish the character of service rendered for each period. My Military Identification Number(s) is/are \_\_\_\_\_.

I hereby release, discharge, exonerate the Township of Cumru, and its agents or representatives and any person so furnishing information, from any and all liabilities of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by or on behalf of the Township of Cumru.

I have read the foregoing document and have answered all questions fully and truthfully to the best of my ability and knowledge.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, (year) \_\_\_\_\_



# PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION I ONLY. PRINT CLEARLY IN INK. ENCLOSE \$10.00 MONEY ORDER ONLY. PAYABLE TO DEPARTMENT OF PUBLIC WELFARE. DO NOT SEND CASH OR PERSONAL CHECK.

SEND TO CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170

APPLICATIONS THAT ARE INCOMPLETE ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211

## CHILDLINE USE ONLY

DATE RECEIVED BY CHILDLINE

### SECTION I

### APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANTS FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE  
ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX

☐ M ☐ F

COUNTY YOU LIVE IN

### PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

(FIRST, MIDDLE, LAST)

(FIRST, MIDDLE, LAST)

### PURPOSE OF CLEARANCE (Check ONE block ONLY)

☐ CHILD CARE

☐ FOSTER CARE

☐ ADOPTION

☐ SCHOOL

☐ VOLUNTEERS-A copy of your PROCESSED 'Request for Criminal Record' (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FID-258).

☐ CWEP (Community Work Experience Program Participant)

SIGNATURE OF CAO REP

CAO PHONE NO

### PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.

2.

3.

4.

### HOUSEHOLD MEMBERS (List everyone who lived with you at anytime since 1975 to the present).

NAME (First, Middle, Last) Do not use initials.

RELATIONSHIP

PRESENT AGE

SEX

1.

2.

3.

4.

5.

6.

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE

DATE

DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

### SECTION II

### RESULTS OF HISTORY CHECK

☐ APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

☐ APPLICANT IS LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE (SEE BELOW).

STATUS OF REPORT

DATE OF INCIDENT

STATUS OF REPORT

DATE OF INCIDENT

1.

2.

3.

4.

VERIFIER

DATE

VERIFIER'S SUPERVISOR

DATE

**SECTION III****VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES**

\_\_\_\_\_ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

**PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE**

- ☐ Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred in the last five years.
- ☐ Applicant is named as the perpetrator of a "Founded" child abuse or school employee report which occurred over five years ago.
- ☐ Applicant is named as the perpetrator of an "Indicated" child abuse or school employee report.
- ☐ Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

**PENNSYLVANIA STATE POLICE CLEARANCE**

- ☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- ☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- ☐ Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.
- ☐ No record exists. Report attached.

**FBI CLEARANCE**

- ☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.
- ☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.
- ☐ Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.
- ☐ No record exists. Report attached.
- ☐ No FBI clearance required.

\_\_\_\_\_  
VERIFIER\_\_\_\_\_  
DATE\_\_\_\_\_  
VERIFIER'S SUPERVISOR\_\_\_\_\_  
DATE