TOWNSHIP OF LOWER PROVIDENCE
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Lower Providence Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

This application will be kept on file for one year. It is the applicant's responsibility to ensure that a current application is on file.

Position(s) Applying For: Full-time or Part-time

1. _____   _____

2. _____   _____

3. _____   _____

Personal Information

Name _____
      (Last)   (First)   (Middle)

Current Address _____
        (Street)

        (City)   (State)   (Zip)

Permanent Address
(if different than
Current)   Street

        (City)   (State)   (Zip)

Home Phone   Cell Phone

          Email

ADDITIONAL INFORMATION

Are you permitted to be lawfully employed in the United States? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever filed an application with the Township before? ☐ Yes ☐ No

Have you ever worked for the Township before? ☐ Yes ☐ No If yes, please state dates of employment and
department _____

Are you 18 years of age or over? ☐ Yes ☐ No *(If the answer is No, you must provide proof of verification at the time of hire)*

Driver's License # _____ State _____ Class/Type _____

Is your driver's license valid? ☐ Yes ☐ No

Are you a veteran of any branch of the United States Armed Forces? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain:

_____

(Conviction will not necessarily disqualify applicant from employment.)

When will you be available to start employment? _____
How did you hear about the job?
  Job Board- LinkedIn, Indeed, etc.
  Lower Providence Township website
  Employee Referral   Referred by: _____
  Other

EDUCATION:
High School

_____
 Name & Location of School

_____
Number of Years Completed   Did you graduate?

College/University

_____
 Name & Location of School

_____
Number of Years Completed   Did you graduate?   Major/Degree Earned

Other (Including Post Graduate Education)

_____
 Name & Location of School

_____
Number of Years Completed   Did you graduate?   Major/Degree Earned

SKILLS AND TRAINING

Please list all applicable skills, training or ability you would like us to consider in evaluating your qualifications. This may include software programs (MS Office Suite, etc.), licenses or certifications, customer service, heavy equipment, etc.

_____

_____

_____

_____

Can you work overtime?   Yes   No

EMPLOYMENT

List your most recent (or present) job first, and all others in descending order in the past 10 years. Be sure to list all employment, including military service. If additional space is required, please attach additional documentation. All information below must be completed.

1.

Company Name   Company Address

Phone Number   Job Title   Supervisor

Job duties   Dates: From   To

                                              $
Reason for Leaving   Salary

2.

Company Name   Company Address

Phone Number   Job Title   Supervisor

Job duties   Dates: From   To

                                              $
Reason for Leaving   Salary

3.

Company Name   Company Address

Phone Number   Job Title   Supervisor

Job duties   Dates: From   To

                                              $
Reason for Leaving   Salary

REFERENCES

Please list three professional references <u>not related to you</u>, two of whom you have worked with professionally or educationally, that you have known at least one year.

1. _____
   Name   Title/Relationship   Telephone Number

 _____
   Company   E-mail

2. _____
   Name   Title/Relationship   Telephone Number

 _____
   Company   E-mail

3. _____
   Name   Title/Relationship   Telephone Number

 _____
   Company   E-mail

CONSENT

With the submission of this application I certify that all statements are true and correct to the best of my knowledge and belief. Any misrepresentations or omissions on this application may be cause for rejection of the application or dismissal after employment.

I authorize investigation of all statements contained in this application and authorize the Township to perform a background check as may be necessary in arriving at an employment decision.

I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice and for any and no reason. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the Township has authority to enter into any agreement specifying duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party and that the Township reserves the right to change any practice, policy or procedure with or without notice, at its sole discretion.

_____ _____

Applicant's Signature   Date

Lower Providence Township 100 Parklane Dr. Eagleville, PA 19403 ph:(610)539-8020

Digital Signature Instructions

Require Adobe Acrobat Reader DC – Download Link https://www.adobe.com/acrobat/online/sign-pdf.html

Follow the instructions below to sign the document electronically.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: Applicant Full Name   Signature:

Date: DATE

Witness: Witness Full Name   Signature:

Date: DATE

If the employee is a minor:

Parent/Legal Guardian Name:_____ Signature: _____

Date: _____

Select "Create a new digital ID" and Continue

Configure a Digital ID for signing   ✕

A Digital ID is required to create a digital signature.The most secure Digital ID are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

○ **Use a Signature Creation Device**
Configure a smart card or token connected to your computer

○ **Use a Digital ID from a file**
Import an existing Digital ID that you have obtained as a file

● **Create a new Digital ID**
Create your self-signed Digital ID

(?)   (Cancel) (Continue)

Select either option to protect your self-signed digital ID.

The first option will require your password every time you sign a document with your digital signature. The second option saves the digital signature to your computer.

For this example, the first option to "Save to File" was selected and continue.

Select the destination of the new Digital ID   ✕

Digital IDs are typically issued by trusted providers that assure the validity of the identity.

Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases.

Consult with your recipients if this is an acceptable form of authentication.

⦿   **Save to File**
     Save the Digital ID to a file in your computer

◯   **Save to Windows Certificate Store**
     Save the Digital ID to Windows Certificate Store to be shared with other applications

⑦   Back   Continue

Complete the required fields.

Create a self-signed Digital ID   ✕

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name	Enter Name...
Organizational Unit	Enter Organizational Unit...
Organization Name	Enter Organization Name...
Email Address	Enter Email...
Country/Region	US - UNITED STATES ⌄
Key Algorithm	2048-bit RSA ⌄
Use Digital ID for	Digital Signatures ⌄

Email address is not valid

⑦   Back   Continue

You will be prompt to create a strong password for the signature and click on Save

Save the self-signed Digital ID to a file   ✕

Add a password to protect
the private key of the
Digital ID. You will need this
password again to use the
Digital ID for signing.

Save the Digital ID file in a
known location so that you
can copy or backup it.

Your Digital ID will be saved at the following location :

C:\Users\zhou\AppData\Roaming\Adobe\Acrobat\DC\S   Browse

Apply a password to protect the Digital ID:

••••••••

Confirm the password:

••••••••

⑦   Back   Save

For this example, the second option of "Save to Windows Certificate Store" was selected.

Select the destination of the new Digital ID   ✕

Digital IDs are typically
issued by trusted providers
that assure the validity of
the identity.
Self-signed Digital ID may
not provide the same level
of assurance and may not
be accepted in some use
cases.

Consult with your recipients
if this is an acceptable form
of authentication.

○   **Save to File**
      Save the Digital ID to a file in your computer

●   **Save to Windows Certificate Store**
      Save the Digital ID to Windows Certificate Store to
      be shared with other applications

⑦   Back   Continue

Complete the required fields and click Save

Create a self-signed Digital ID   ✕

Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name	Enter Name...
Organizational Unit	Enter Organizational Unit...
Organization Name	Enter Organization Name...
Email Address	Enter Email...
Country/Region	US - UNITED STATES ⌄
Key Algorithm	2048-bit RSA ⌄
Use Digital ID for	Digital Signatures ⌄

?   (Back) (Save)

Signing with a digital signature

Click on the signature box to digitally sign your document.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: Applicant Full Name   Signature: _____

Date: DATE

Witness: Witness Full Name   Signature: _____

Date: DATE

If the employee is a minor:

Parent/Legal Guardian Name:_____ Signature: _____

Date: _____

If you create your digital signature with a password (Digital ID file), you will be prompt for a password before you can sign the document.

The document will then require you to save the document to complete the signature process.

Signature using Windows Digital ID will just be signed after clicking on the digital signature, continue sign and saving the document.
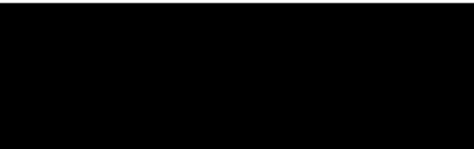
Sign with a Digital ID ✕

Choose the Digital ID that you want to use for signing: Refresh

○ ▯▯▯▯▯▯ (Digital ID file)   View Details
   Issued by: ▮▮▮▮   Expires: 2025.04.07

● ▯▯▯▯▯▯ (Windows Digital ID)   View Details
   Issued by: ▮▮▮▮   Expires: 2025.04.07

(?)   Configure New Digital ID   Cancel   Continue

Sign as "▮▮▮▮▮"   ✕

Appearance   Standard Text ⌄   Create

Digitally signed by ▮▮▮▮
Date: 2020.04.07 12:14:35 -04'00'

☐ Lock document after signing   View Certificate Details

Review document content that may affect signing   Review

Back   Sign