



TOWNSHIP OF ABINGTON

1176 Old York Road
 Abington, Pennsylvania 19001
 Tel # 267-536-1000 ☐ Fax # 215-884-8271

Application for Employment

PERSONAL INFORMATION

Date: _____

Name _____ e-mail address _____
Last First Middle

Present Address _____
Street City/State/Zip

Permanent Address _____
Street City/State/Zip

Telephone Number(s) _____

List any relatives working for us: _____

How did you learn about Abington Township's employment opportunity?

Newspaper Advertisement _____ Referred by: _____

Other _____

EMPLOYMENT DESIRED

Position _____

Date you can start? _____ Salary Requirements? _____

Are you employed now? _____ May we inquire of your current employer? _____

Have you applied for a job at Abington Township before? _____ If so, when? _____

EDUCATION	Name of School	Location of School	# of Yrs. Attended	Did you Graduate?	Major Course of Study
High School					
College					
Trade/Correspondence Business School					

Please describe additional skills, training, or abilities you would like to have us consider in evaluating your qualifications:

Typing Speed (Words Per Minute): _____ Computer/PC Experience: Yes ___ No ___

If Yes, list the software that you have experience with: _____

FORMER EMPLOYERS: (List below last four employers, starting with current employer)

Company/Firm:	From: (Mo./Yr.)	Job Title:
Address:	To: (Mo./Yr.)	Duties:
	Rate of Pay	
	<u>Start</u>	<u>Finish</u>
Supervisor:		Reason for Leaving:
Company/Firm:	From: (Mo./Yr.)	Job Title:
Address:	To: (Mo./Yr.)	Duties:
	Rate of Pay	
	<u>Start</u>	<u>Finish</u>
Supervisor:		Reason for Leaving:
Company/Firm:	From: (Mo./Yr.)	Job Title:
Address:	To: (Mo./Yr.)	Duties:
	Rate of Pay	
	<u>Start</u>	<u>Finish</u>
Supervisor:		Reason for Leaving:
Company/Firm:	From: (Mo./Yr.)	Job Title:
Address:	To: (Mo./Yr.)	Duties:
	Rate of Pay	
	<u>Start</u>	<u>Finish</u>
Supervisor:		Reason for Leaving:

REFERENCES (Give the names of three persons not related to you whom you have known for at least one year)

Name	Address	Occupation	Years Acquainted
1.			
2.			
3.			

1. Are you able, without accommodation, to perform all of the essential functions of the job for which you are applying? Yes _____ No _____
2. Are you able, with accommodation, to perform all of the essential functions of the job for which you are applying? Yes _____ No _____
3. If yes, please describe the accommodation(s) that you need. _____

4. Are there any functions of the job for which you are applying that you cannot perform with or without accommodation? If so, please describe. _____

U.S. MILITARY SERVICE (OPTIONAL)

Dates of Service: From _____ To _____ Branch _____

Rank and Principal Duties: _____

Type of Discharge: _____

ELIGIBILITY TO WORK IN THE UNITED STATES

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I understand the requirements as listed above. Yes _____ No _____

I hereby give the TOWNSHIP OF ABINGTON the right to make a thorough investigation into my previous employment, education and references; and I release from all liability all persons, companies, and corporations supplying such information. I release, indemnify, and hold harmless the TOWNSHIP OF ABINGTON from and against any and all liability which might result from making such an investigation.

I understand that any false answer, statement, or representation made by me in this application shall constitute sufficient cause for discharge. I also understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between the TOWNSHIP OF ABINGTON and me either for employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the TOWNSHIP OF ABINGTON unless made in writing. If an employment relationship is established, I understand and agree that it is not for a definite period of time and that I have the right to terminate my employment at any time and that the TOWNSHIP OF ABINGTON retains a similar right.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of the TOWNSHIP OF ABINGTON and that I will be on probation before being considered a regular employee.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE	
Interviewer:	Date:
Interviewer:	Date:
Remarks:	Remarks:
Job Title:	Department:
Starting Date:	Starting Rate of Pay:

TOWNSHIP OF ABINGTON

Substance Abuse Policy

This is to reiterate and formally state Abington Township's policy regarding the work-related effects of drug and alcohol use and the unlawful possession of controlled substances on township premises. Our policy is as follows:

<Employees are expected and required to report to work on time in appropriate mental and physical condition for work. It is our intent and obligation to provide an alcohol-free and drug-free, healthful, safe and secure work environment.

<The consumption and possession of alcohol and/or the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on township premises or while conducting township business off township premises is absolutely prohibited. Violation of this policy will result in disciplinary action, up to and including termination, and may have legal consequences.

<The township recognizes alcohol and drug dependency as an illness and a major health problem. The township also recognizes alcohol and drug abuse as a potential health, safety, and security problem. Employees needing help in dealing with such problems are encouraged to use our employee assistance program and health insurance plans, as appropriate. Conscientious efforts to seek such help will not jeopardize any employee's job and will not be noted in any personnel record.

<Abington Township employees who are required to hold a Commercial Driver's License (CDL) to perform their duties are to be tested for controlled substance and alcohol effective March 1, 1995.

<Members of the Abington Township Police Association, Abington Township Police Lieutenants, and Abington Township Per Diem Union are required to participate in a random drug and alcohol testing program, as described in their contract.

<Abington Township employees who are not covered under a collective bargaining agreement and work in safety-sensitive functions are required to participate in a random drug and alcohol testing program effective March 1, 1995.

<A pre-employment drug test and alcohol test will be conducted when an individual is first employed and when a current employee is transferred from a non-covered position to a covered position. Seasonal employees in non-covered positions will be exempt from testing.

<Employees must, as a condition of employment, abide by the terms of the above policy and report any conviction under a criminal drug statute for violations occurring on or off township premises while conducting township business. A report of a conviction must be made within five (5) days after the conviction. (This requirement is mandated by the Drug-Free Workplace Act of 1988.)

March 1995

**ABINGTON TOWNSHIP
NOTICE TO APPLICANTS AND APPLICATIONS FOR EMPLOYMENT**

We are pleased that you have chosen to apply for a job with our township. Abington Township offers challenging work opportunities.

Abington Township is an equal employment opportunity employer. It is the policy of this township to consider all applicants for employment based on their qualifications in light of job vacancies. Abington Township fully complies with all applicable laws which prohibit discrimination on the basis of real or perceived color, religious belief, sexual orientation, gender identity, gender expression, age, race, national origin, non-job related disability, use of a service animal, or other prohibited criteria as these terms are used under applicable law.

You will be expected to successfully pass a substance abuse test as a part of the application process. For the safety of our current and future employees, we intend for this to be a drug-free workplace.

Abington Township will accept applications only when there is an open position available. To be sure that your application receives full consideration, you must fill it in completely and accurately. Unless otherwise specified, applications are considered active for 30 days from the date they are filed. After 30 days, the applications are retired to an inactive status file for a period of time as required by law. If you have not been hired within 30 days of the date you file your application and you wish to be considered for jobs that become available after that date when a position becomes available, you must return to the township and fill out a new application or update your old application.

**Richard Manfredi
Township Manager**

Date: _____

Name of Applicant:
(Please print) _____

Signature of Applicant: _____

March 2014

**Nondiscrimination/Sexual Harassment Policy Statement
Of Abington Township**

It has been and will continue to be the policy of Abington Township that it shall be an equal opportunity employer. To assure full implementation of the policy, Abington Township shall act affirmatively to assure it will:

1. **Recruit, hire and promote for all job classifications without regard to actual or perceived race, creed, color, national origin, age, religion, ancestry, union membership, disability (in accordance with the Americans With Disabilities Act of 1990), use of a service animal, military veteran status, lifestyle, sexual orientation, gender identity, or gender expression.**
2. **Base decisions on employment solely upon an individual's qualifications and interest in the position being filled.**
3. **Make promotion or hiring decisions only on the individual's qualifications as related to the requirements of the position for which the employee is being considered without regard to real or perceived, race, creed, color, national origin, age, religion, ancestry, union membership, disability, use of a service animal, military veteran status, lifestyle, sexual orientation, gender identity, or gender expression.**
4. **Ensure that all other personnel actions such as compensation, benefits, transfers, layoffs, return from layoffs, company-sponsored training, education, tuition, assistance, social and recreational programs, will be administered without regard to real or perceived race, creed, color, national origin, age, religion, ancestry, union membership, disability, use of a service animal, military veteran status, lifestyle, sexual orientation, gender identity or gender expression.**
5. **Ensure that sexual harassment in the workplace is prohibited. Sexual harassment is any unwelcome sexual advance, request for sexual favors, and any other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of employment; submission to or rejection of such conduct is used as the basis for employment decisions affecting the individual; or when such conduct has the effect of unreasonably interfering with the individual's work performance or creating an offensive working environment.**

Examples of acts of sexual harassment which shall not be tolerated include but are not limited to:

- **written - suggestive or obscene letters, poems, notes, or invitations;**
- **verbal - derogatory comments, epithets, slurs, or jokes;**

- physical - impeding or blocking movement; touching; patting; pinching; or other unnecessary physical interference with normal work;
- visual - sexually oriented gestures, display of sexually suggestive or derogatory objects, pictures, cartoons, posters, or drawings;
- other - threats or insinuations that lack of sexual favors will result in reprisal, punitive actions, change of assignment, or a poor performance evaluation; withholding support for appointment, promotion, transfer.

In keeping with the above policy, employees who believe they have been or are being discriminated against or sexually harassed should contact your Supervisor or Department Head, the Human Resources Coordinator, or any Township Department Head at 267-536-1000 between the hours of 7:30 to 5:00 p.m.

Retaliation against persons who have filed charges, testified, assisted, and participated in any way in any proceeding, investigation, or hearing under the provisions of the Age Discrimination Law, or under Title VII of the Civil Rights Act, Americans With Disabilities Act of 1990, or the Township of Abington’s Ordinances 2029 and 2074, is expressly prohibited and unlawful.

At any time, the employee may file a formal complaint with one of the following agencies within the respective time frames:

Appellate Authorities

APPELLATE AUTHORITIES

Pennsylvania Human Relations Commission

Equal Employment Opportunity Commission

Philadelphia Regional Office
 110 North 8th Street, Suite 501
 Philadelphia, PA 19107
 215-560-2496
 TDD 215-560-3599

Philadelphia District Office
 801 Market Street, Suite 1300
 Philadelphia, PA 19106
 1-800-669-4000
 TDD 1-800-669-6820

Time Frame:
 180 days from date of alleged occurrence

Time Frame:
 300 days from date of alleged occurrence

The employee may also contact the Abington Township Human Relations Commission (AHRC) to file a complaint. The AHRC can provide mediation or will advise the employee to contact the PHRC at;

Abington Township Human Relations Commission
 abingtontownshiphrc@gmail.com
 267-518-8049
<http://abington.org/government/human-relations-commission>

**GRIEVANCE PROCEDURE FOR HANDLING COMPLAINTS
OF ALLEGED EMPLOYMENT DISCRIMINATION**

Any employee who feels that he or she is being discriminated against on the basis of race, color, religious creed, ancestry, national origin, age, disability, use of a service animal, sexual orientation, gender identity, gender expression or union membership may file a complaint either in writing or verbally to their Supervisor within ten (10) days of the alleged occurrence.

The Supervisor will meet with the employee within five (5) days of receipt of a complaint in an attempt to resolve the discrimination complaint to the satisfaction of both parties.

If the complaint is not resolved to the petitioner's satisfaction, the employee shall present said complaint to the Township Manager for consideration within twenty (20) days from the date the complaint was originally filed with the Department Head. Within seven (7) days thereafter, a written decision shall be rendered by the Township Manager.

At any time, the employee may file a formal complaint with one of the following agencies within the respective time frames.

APPELLATE AUTHORITIES

Pennsylvania Human Relations Commission

Philadelphia Regional Office
110 North 8th Street, Suite 501
Philadelphia, PA 19107
215-560-2496
TDD 215-560-3599
Time Frame:
180 days from date of alleged occurrence

Equal Employment Opportunity Commission

Philadelphia District Office
801 Market Street, Suite 1300
Philadelphia, PA 19106
1-800-669-4000
TDD 1-800-669-6820
Time Frame:
300 days from date of alleged occurrence

The employee may also contact the Abington Township Human Relations Commission (AHRC) to file a complaint. The AHRC can provide mediation or will advise the employee to contact the PHRC at;

Abington Township Human Relations Commission
abingtontownshiphrc@gmail.com
267-518-8049
<http://abington.org/government/human-relations-commission>

Signed: _____ Date: _____

Title: _____