

# BOROUGH OF HELLERTOWN

685 Main St., Hellertown PA 18055

Phone: 610-838-7041 Fax: 610-838-0500

www.hellertownborough.org

## Employment Application - Part Time/As needed Seasonal

Please Print Legibly And Fill Out Form Completely

### Personal Information

Name: \_\_\_\_\_ SNN #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Are you legally authorized to work in the united states? Yes No  
If under 18 years of age, do you have working papers? Yes No

### Emergency Contact Information

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### Education

Schools Attended	Grade/Degree Completed
High School	
Undergraduate	
Extracurricular Activities:	

### Last place of Employment

Company Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ May we contact this employer?: Yes No  
If no, why?  
Reason for leaving: \_\_\_\_\_

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## Employment Application for Part Time/As needed Seasonal

I Am Interested In The Following Position(s): If More Than One, Indicate Preference ex. 1,2,3

Pool Refreshment Stand

Pool Maintenance

Pool Ticket Booth

Public Works (Parks, Sanitation, Roads, Snow Plowing List)

List any qualifications which you feel are appropriate

If Applying For Public Works:

Driver's License Number:

Do you have a valid CDL?

Yes

No

Can You Operate A Manual Transmission and or Heavy Equipment?

Yes

No

Have You Worked For The Borough Of Hellertown Before?

Yes

No

If So, When:

Position:

Do You Intend To Take Any Summer Vacations (Days Off)?

Yes

No

If Yes, Please List All Dates:

### References

Name

Relationship

(1)

(2)

(3)

All persons under 18 years of age must arrange for working papers through the school office. Required working papers must accompany this application upon SUBMISSION.

If under 18 years of age, I have attached my official working papers to this application. Yes No

This application is for part-time work and I understand that the work will be on a temporary basis.

I understand that the wage rates will be determined by Borough Council.

I further acknowledge that all information presented herein is accurate to the best of my knowledge.

APPLICANT'S SIGNATURE:

DATE:

PARENT SIGNATURE:

DATE: