

TOWNSHIP OF  
**MIDDLETOWN**  
BUCKS COUNTY

**APPLICATION FOR EMPLOYMENT**

The Township of Middletown is an equal opportunity employer. The Township of Middletown considers applicants for all positions without regard to race, color, ethnicity, national origin, religion, creed, gender, sex, sexual orientation, age, disability, political belief, or any other legally protected status.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Position(s) Applying For

Department (optional)

Full-Time or Part-Time (optional)

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you permitted to be lawfully employed in the United States? Proof required upon employment. \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by Middletown Township? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please state position and dates of prior employment \_\_\_\_\_)

Are you 19 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class/Type \_\_\_\_\_ Expiration \_\_\_\_\_

Are you a veteran of any branch of the United States armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony or misdemeanor in the last 10 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, please explain \_\_\_\_\_)

\_\_\_\_\_  
*Certain positions are subject to background checks. Convictions will not necessarily disqualify an applicant from employment.*

When are you available to begin work? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_ Newspaper \_\_\_\_\_ Township Website \_\_\_\_\_ Online Job Website

\_\_\_\_\_ Walk-In \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**EDUCATION***High School*

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Name of School

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Address of School

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Number of Years Completed

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Did you graduate? ☐ Yes ☐ No

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Year of Graduation/Last Attended*College/University*

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Name of School

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Address of School

---

Years Attended

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Did you graduate? ☐ Yes ☐ No

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Degree(s) Earned, if any*Other (Including Trade and/or Post-Graduate Education)*

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Name of School

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Address of School

---

Years Attended

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Did you graduate? ☐ Yes ☐ No

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Degree(s) Earned, if any**SKILLS, TRAININGS, & CERTIFICATIONS***Please list all relevant skills, trainings, and certifications received.*

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**EMPLOYMENT HISTORY***Please list your most recent job first with others in descending order. Please list all employment, including military service. Attach additional sheets if necessary. Please fill out completely and do not write "see resume."*

1.	<hr/> Business/Organization Name	<hr/> Position(s)
	<hr/> Business/Organization Address	<hr/> Dates Employed
	<hr/> Business/Organization Phone Number	<hr/> Reason For Leaving
2.	<hr/> Business/Organization Name	<hr/> Position(s)
	<hr/> Business/Organization Address	<hr/> Dates Employed
	<hr/> Business/Organization Phone Number	<hr/> Reason For Leaving

TOWNSHIP OF  
**MIDDLETOWN**  
B U C K S C O U N T Y

3.	<hr/>	<hr/>
	Business/Organization Name	Position(s)
	<hr/>	<hr/>
	Business/Organization Address	Dates Employed
	<hr/>	<hr/>
	Business/Organization Phone Number	Reason For Leaving
4.	<hr/>	<hr/>
	Business/Organization Name	Position(s)
	<hr/>	<hr/>
	Business/Organization Address	Dates Employed
	<hr/>	<hr/>
	Business/Organization Phone Number	Reason For Leaving
5.	<hr/>	<hr/>
	Business/Organization Name	Position(s)
	<hr/>	<hr/>
	Business/Organization Address	Dates Employed
	<hr/>	<hr/>
	Business/Organization Phone Number	Reason For Leaving

**PROFESSIONAL REFERENCES**

1.	<hr/>	<hr/>	<hr/>
	Name	Title	Company
	<hr/>	<hr/>	<hr/>
	Relationship	Phone Number	Email Address
2.	<hr/>	<hr/>	<hr/>
	Name	Title	Company
	<hr/>	<hr/>	<hr/>
	Relationship	Phone Number	Email Address
3.	<hr/>	<hr/>	<hr/>
	Name	Title	Company
	<hr/>	<hr/>	<hr/>
	Relationship	Phone Number	Email Address



# MIDDLETOWN TOWNSHIP POLICE DEPARTMENT



## PERSONAL INJURY WAIVER

APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, do hereby release Middletown Township, Middletown Township Police Department, its duly elected officials, consultants, employees and agents of and from all and any manner of actions, cause of actions, suits, indebtedness, dues, accounts bonds, covenants, contract, agreements, judgments, claims and demands whatsoever in law or equity including negligence which may rise from my participation in this testing process offered by Middletown Township Police Department and Middletown Township.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**CONSENT**

By 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 acknowledge that certain positions are subject to background checks relevant to the sensitive nature of those positions, in accordance with the Township's background check policy and the Pennsylvania Criminal History Records Information Act (18 Pa.C.S. § 9125). I 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, except for employees covered by a collective bargaining agreement or other contract, and 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.

I understand that the Township may make a conditional offer subject to the results of a drug and alcohol test, and in some circumstances, a background check performed by the Middletown Township Police Department and/or a physical. Applicants under 18 years of age must have parental consent. Confirmed positive drug and/or alcohol test results will automatically disqualify an applicant from employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please send your completed employment application to [mrobison@mtpd.org](mailto:mrobison@mtpd.org). Applications may also be hand-delivered or mailed to:

Middletown Township  
5 Municipal Way  
Langhorne, PA 19047