

# TOWNSHIP OF EAST DONEGAL APPLICATION FOR EMPLOYMENT

An equal opportunity employer

LAST NAME

FIRST

MIDDLE INITIAL

PRESENT ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE NUMBER (DAY)

(EVENING)

SOCIAL SECURITY NUMBER

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

PLEASE CHECK PREFERRED STATUS:

Full-time    Part-time    Seasonal    No Preference    Other : \_\_\_\_\_

DATE AVAILABLE TO START: \_\_\_\_\_

Are you over the age of 18?  yes    no   If no, state your age: \_\_\_\_\_

Are you willing to work overtime, if necessary?  yes    no

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodation?  
 yes    no

Have you ever been convicted of, or plead guilty or no contest to a crime (civilian and /or military), other than a minor traffic offense or are there charges presently pending against you for any crime other than a minor traffic offense?

yes    no

If yes, state the nature of the offense, date, city and state:

Disclosure of a criminal record will not necessarily disqualify you for employment consideration. Each offense will be evaluated on its own merit with consideration for job duties which you will be performing.

During the past ten years have you ever been involved in any work-related incident(s) which caused damage to facilities, equipment, property, or other persons?  yes    no

Do you have the legal right to work in the United States?  yes    no

## RECORD OF EDUCATION (LIST SCHOOLS FROM WHICH YOU OBTAINED A DEGREE OR CERTIFICATION)

| SCHOOL NAME | LOCATION | COURSE OF STUDY | DATES    | DEGREE/CERT. |
|-------------|----------|-----------------|----------|--------------|
| High School |          |                 | XX<br>XX |              |
| College     |          |                 |          |              |
| Graduate    |          |                 |          |              |

RECORD OF PREVIOUS EMPLOYMENT  
(PROVIDE INFORMATION ON THE PREVIOUS 10 YEARS OF EMPLOYMENT. INCLUDE MILITARY SERVICE.)

| PRESENT          |                         |               |                     |
|------------------|-------------------------|---------------|---------------------|
| Name             |                         | From          |                     |
| Street Address   |                         | To            |                     |
| City, State, Zip |                         | Ending salary | Reason for leaving: |
| Supervisor       | Telephone Number<br>( ) |               |                     |

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE SEEKING EMPLOYMENT ELSEWHERE? \_\_\_ YES \_\_\_ NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_ YES \_\_\_ NO

| PREVIOUS         |                         | MONTH / YEAR    | POSITION HELD AND DUTIES PERFORMED |
|------------------|-------------------------|-----------------|------------------------------------|
| Name             |                         | From            |                                    |
| Street Address   |                         | To              |                                    |
| City, State, Zip |                         | Starting salary | Reason for leaving:                |
| Supervisor       | Telephone Number<br>( ) | Ending salary   |                                    |

| NEXT PREVIOUS    |                         | MONTH / YEAR    | POSITION HELD AND DUTIES PERFORMED |
|------------------|-------------------------|-----------------|------------------------------------|
| Name             |                         | From            |                                    |
| Street Address   |                         | To              |                                    |
| City, State, Zip |                         | Starting salary | Reason for leaving:                |
| Supervisor       | Telephone Number<br>( ) | Ending salary   |                                    |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

APPLICATION FOR EMPLOYMENT  
PG 3

| NEXT PREVIOUS    |                         | MONTH / YEAR          | POSITION HELD AND DUTIES PERFORMED |
|------------------|-------------------------|-----------------------|------------------------------------|
| Name             |                         | From                  |                                    |
| Street Address   |                         | To<br>Starting salary |                                    |
| City, State, Zip |                         | Ending salary         | Reason for leaving:                |
| Supervisor       | Telephone Number<br>( ) |                       |                                    |

| NEXT PREVIOUS    |                         | MONTH / YEAR          | POSITION HELD AND DUTIES PERFORMED |
|------------------|-------------------------|-----------------------|------------------------------------|
| Name             |                         | From                  |                                    |
| Street Address   |                         | To<br>Starting salary |                                    |
| City, State, Zip |                         | Ending salary         | Reason for leaving:                |
| Supervisor       | Telephone Number<br>( ) |                       |                                    |

|  |                                    |       |
|--|------------------------------------|-------|
| If you are applying for a clerical position, indicate: |                                    |       |
| Typing speed:  | Computer operation: ___ yes ___ no | Kind: |
| Shorthand speed:                                       | Word processing: ___ yes ___ no    |       |
| Dictaphone ___ yes ___ no                              | Spreadsheet: ___ yes ___ no        |       |
|  |                                    | Kind: |
|  |                                    | Kind: |

|   |                    |                  |
|---|--------------------|------------------|
| If you are applying for a Public Works position, indicate:                              |                    |                  |
| Do you possess a Commercial Driver's License (CDL)? ___ yes ___ no                      |                    |                  |
| State:  | Operator's number: | Expiration Date: |
| Has your Driver's License been suspended or revoked in the last 5 years? ___ yes ___ no |                    |                  |
| If yes, please explain:   |                    |                  |
| Please indicate most recent moving violation:   |                    |                  |

|       |            |                    |
|-------|------------|--------------------|
| Date: | Violation: | State of incident: |
|-------|------------|--------------------|

APPLICATION FOR EMPLOYMENT  
PG 4

|  |                        |                    |           |
|--|------------------------|--------------------|-----------|
| List specialized training courses or on-the-job training you have received : |                        |                    |           |
| What type?   | Who provided training? | Dates of training? | Location? |
|  |                        |                    |           |

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, discharge from employment. I authorize the **Township** to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, and educational background, whether same is of written record or not; and I authorize my employers to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of an original.

|        |                         |
|--------|-------------------------|
| (Date) | (Applicant's Signature) |
|--------|-------------------------|

|                                   |
|-----------------------------------|
| FOR PERSONNEL DEPARTMENT USE ONLY |
|-----------------------------------|

Interviewed?  Yes  No

Remarks \_\_\_\_\_

Hired?  Yes  No      Date of Hire \_\_\_\_\_      Employee ID#: \_\_\_\_\_

Job Title \_\_\_\_\_      Hourly Rate / Salary \_\_\_\_\_      Department \_\_\_\_\_