

Board of Supervisors 190 Rock Point Road Marietta, PA 17547

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

For Office Use Only!
Date Hired
Program_
Rate of Pay

PERSONAL INFORMATION

	1 3 Election #		Type or Class	State
	First		Middle	
treet	City		State 2	Zip
	0::			<u>_</u> .
itreet	City		State 2	Ζιp
((Cell)		_(Work)	
RE UNDER 18, CAN YOU	FURNISH A WORK P	ERMIT?		YesNo
ITIZEN OR AN ALIEN AUT	HORIZED TO WORK	IN THE UNIT	ED STATES?	YesNo
Date you can start?			Salary De	esired?
lf so, may we	inquire of your preser	nt employer? _		
st Donegal Township?		When?		
Name & Location of			Degree or Ce	rtification Received
	Street Citreet CITIZEN OR AN ALIEN AUT If so, may we set Donegal Township?	City City (Cell) RE UNDER 18, CAN YOU FURNISH A WORK PORTIZEN OR AN ALIEN AUTHORIZED TO WORK Date you can start? If so, may we inquire of your preserust Donegal Township? No	City City (Cell) RE UNDER 18, CAN YOU FURNISH A WORK PERMIT? CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNIT Date you can start? If so, may we inquire of your present employer? Ist Donegal Township? When?	Street City State 2 City State 2 Cell (Work) (Wo

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Special Skills:					
Activities (Civic, Athletic, etc.):		-			
Exclude organizations, the names of which in members.	idicate the race, creed, sex, age, marital	status, color, disability or national of origin of its			
List any experience for the job for which you are a	applying:				
U.S. Military or Naval ServiceRanl	kPresent Membership	in National Guard or Reserves			
Have you ever been convicted of a felony or a minus (Conviction will not necessarily disqualify you lf yes, explain:	from employment.)	No			
Has your driver's license ever been suspended o		No			
If yes, why?					
FORMER EMPLOYERS (List below last three em	nployers, starting with most recent er	mployer. Attached additional sheets if necessary)			
Employer:	Dates of employ	es of employment:			
Address:	Reason for leav	eason for leaving:			
Telephone:	Job Title:	Pay Rate:			
Duties:	I	May we contact employer for reference? Y / N			
Employer:	Dates of employ	yment:			
Address:		Reason for leaving:			
Telephone:	Job Title:	Pay Rate:			
Duties:		May we contact employer for reference? Y / N			
	Detect of comple	· · · · · · · · · · · · · · · · · · ·			
Employer:	Dates of employ	Dates of employment:			
Address:	Reason for leav	Reason for leaving:			
Telephone:	Job Title:	Pay Rate:			
Duties:		May we contact employer for reference? Y / N			

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REFERENCES: Give the names of three (3) persons not related to you, whom you have known at least one year. Please note if reference is personal (P) or work related (W).

Name	Email Address	Phone Number	Years Acquainted	Relationship					
In case of emergency, notify:	Name	Address	Phone No.						
	Please read	carefully and sigi	า.						
By signing below:									
(a.) "I certify that the facts contained in the statements on this application shall be gr		nplete to the best of my knowle	edge and understand th	nat, if employed, falsified					
(b.) I authorize investigation of all statem previous employment and any pertinent may result from furnishing same to you.									
(c.) I agree that I may be required to und obtained before employment can be effe		a Township designated physi	cian and understand th	at medical approval must be					
(d.) I acknowledge that East Donegal To without regard to Race, Religion, Color,			receive lawful consider	ration for employment					
(e.) I understand and agree that, if hired, wages and salary, be terminated at any tor without prior notice."									
Date	Signature								
DO NOT WRITE BELOW THIS LINE									
	DO NOT WRIT	IE BELOW THIS LINE							
Interviewed by:		D	ate:						
Comments:									
Hired: Yes No	Position:								
Salary / Wage \$	Payro	ll NoFirst D	ate Reporting to Work:						
Approved:									

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