

APPLICATION FOR EMPLOYMENT

ANTIS TOWNSHIP

909 N. 2nd Street, Bellwood, PA 16617
(814) 742-7361 Fax (814) 742-9820

LAST NAME

FIRST

MIDDLE INITIAL

PRESENT ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE NUMBER (DAY)

(EVENING)

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 a crime other than a minor traffic offense or are there charges presently pending against you for any crime other than a minor traffic offense? 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 person? Yes No

Do you have the legal right to work in the United States? Yes No

List names of relatives who are either employed by or serve as an elected official for Antis Township.

NAME

POSITION

RELATIONSHIP

RECORD OF EDUCATION

(LIST SCHOOLS FROM WHICH YOU OBTAINED A DEGREE OR CERTIFICATION)

SCHOOL NAME	LOCATION	COURSE OF STUDY	DATES	DEGREE/CERT. REC'D
High School				
College				
Graduate				

RECORD OF PREVIOUS EMPLOYMENT

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

PRESENT OR MOST RECENT EMPLOYER	POSITION HELD	POSITION HELD AND DUTIES PERFORMED
NAME	FROM	
STREET ADDRESS	TO	
CITY, STATE, ZIP	ENDING SALARY	REASON FOR LEAVING:
TELEPHONE NUMBER ()		

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

PREVIOUS EMPLOYER	MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME	FROM	
STREET ADDRESS	TO	
CITY, STATE, ZIP	ENDING SALARY	REASON FOR LEAVING:
TELEPHONE NUMBER ()		

NEXT PREVIOUS EMPLOYER	MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME	FROM	
STREET ADDRESS	TO	
CITY, STATE, ZIP	ENDING SALARY	REASON FOR LEAVING:
TELEPHONE NUMBER ()		

NEXT PREVIOUS EMPLOYER	MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
NAME	FROM	
STREET ADDRESS	TO	
CITY, STATE, ZIP	ENDING SALARY	REASON FOR LEAVING:
TELEPHONE NUMBER ()		

If you are applying for a non-Public Works position, indicate computer software that you are familiar with:

**Complete this section only if you are applying for a Public Works position
(A Commercial Driver's License with Air Brakes certification is required)**

Date of Birth _____ Social Security Number _____

Address for the past three years:

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

Do you possess a commercial Driver's License (CDL)? Yes No Air Brakes? Yes No

List all Valid Commercial Motor Vehicle Licenses and/or Permits

Issuing State	License Number	Expiration Date

Nature and Extent of Driving Experience

Type of equipment	Date from	Date to	Total miles driven

Accident Record for the past 3 years

Date of accident	Nature of accident	Number of fatalities	Number of injuries

Traffic Convictions (other than parking) and Bond Forfeitures in the past 3 years

Location	Date	Charge	Penalty

Please indicate most recent moving violation:

Date: _____ Violation: _____ State of incident: _____

Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
Has any license, permit, or privilege ever been suspended or revoked? Yes No

If any answer is "Yes", you must attach a statement giving details.

NOTE: This employer may require an applicant to provide additional information than is required by the Federal Motor Carrier Safety Regulations. The information provided above and from previous employers may be used for the purpose of investigating the applicant's work history.

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 employer 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)

- An equal opportunity employer -