

# Antis Township

909 N. 2<sup>nd</sup> Street, Bellwood, PA 16617  
(814) 742-7361

<h2>Application for Employment</h2>
-------------------------------------

---

Last Name	First Name	Middle Initial
-----------	------------	----------------

---

Address (Street, City, State, Zip Code)

---

Home Phone Number	Cell Phone Number	Email Address
-------------------	-------------------	---------------

Position or Type of Work for which you are applying: \_\_\_\_\_

Please Check Preferred Status: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal Other: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Are You Over the Age of 18? \_\_\_\_\_ Yes. \_\_\_\_\_ No. If No, please state your age: \_\_\_\_\_

Are you willing to work overtime if necessary? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Are you able to perform the essential duties of the job for which you are applying? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

Have you ever been convicted of a crime, other than a minor traffic offence, or are there presently pending charges against you for any crime?

\_\_\_\_\_ Yes. \_\_\_\_\_ No. If Yes, please state the offense, date, and location: \_\_\_\_\_

*\*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 the position you are applying for.\**

During the past ten years have you ever been involved in any work-related accident(s) resulting in damages to facilities, equipment, property or other person? \_\_\_\_\_ Yes. \_\_\_\_\_ No.

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

## Record of Education

*Please list Schools from which you obtained a Degree or Certification*

<b>School Name</b>	<b>Location</b>	<b>Course of Study</b>	<b>Date(s)</b>	<b>Degree/Certification</b>
<i>High School</i>				
<i>College</i>				
<i>Graduate</i>				
<i>Other</i>				

## Record of Employment

*Provide information for the previous 10 years of Employment (including military service)*

<b>Present or Most Recent Employer</b>	<b>Position Held</b>	<b>Duties and Responsibilities</b>
Name	From:	
Street Address	To	
City, State, Zip	Ending Salary:	
Telephone Number	Reason for Leaving	

<b>Previous Employer</b>	<b>Position Held</b>	<b>Duties and Responsibilities</b>
Name	From:	
Street Address	To	
City, State, Zip	Ending Salary:	
Telephone Number	Reason for Leaving	

<b>Previous Employer</b>	<b>Position Held</b>	<b>Duties and Responsibilities</b>
Name	From:	
Street Address	To	
City, State, Zip	Ending Salary:	
Telephone Number	Reason for Leaving	

*Please complete the following section if you are applying for a position where a Commercial Driver's License is required.*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you currently possess a Commercial Driver's License (CDL)? \_\_\_\_ Yes. \_\_\_\_ No.

Address for the past three (3) years:

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Street City State Zip

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/Hours

Accident Record for the Past Three (3) Years:

Date	Nature	# of Fatalities/Injuries	Additional Details

Traffic Convictions, Violations (other than parking) and Bond Forfeitures in the Past Three (3) Years:

Date	Location	Charge	Penalty

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" please provide a statement with further 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 any Specialized Training courses or On-The-Job Trainings you have received:

Date	Training Provider	Type 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, 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. 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