



CHAPMAN TOWNSHIP

PO BOX 485
196 MAIN STREET
NORTH BEND PA 17760

PHONE: 570-923-2044
FAX: 570-923-2716
EMAIL: chapmantwp@comcast.net

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, age, veteran status, national origin, ancestry, physical or mental disability, marital status, sexual orientation, or any other protected status.

Last name _____ First name _____

Street Address _____

City _____ State _____ ZIP _____ Phone _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

What days and hours are you available? _____

Have you ever been convicted of a felony? Yes No

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No When? _____

Have you ever been employed by this company? Yes No When? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you willing to travel? Yes No

Date you can start _____

Please list applicable skills:

Education

School Name / Location

Year / Major

High School _____

College _____

Post-College _____

Other Training _____



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In addition to your work history, are there are other skills, qualifications, or experience that we should consider? Describe any specialized training, apprenticeship or extra-curricular activities.

Please list any professional, trade, business or civic activities and offices held. (You may exclude any membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Employment History (Start with most recent employer)

Company Name _____

Address _____

Telephone _____

Date Started _____ Starting Position _____ Date Ended _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Company Name _____

Address _____

Telephone _____

Date Started _____ Starting Position _____ Date Ended _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

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Telephone _____

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References

List three personal references, not related to you, who have known you longer than one year.

Name	Phone	Address

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____