

ELDRED TOWNSHIP SUPERVISORS

P.O. BOX 600
490 KUNKLETOWN ROAD
KUNKLETOWN, PA 18058

EMPLOYMENT APPLICATION FORM

DATE: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (TOWN) (STATE) (ZIP CODE)

SOCIAL SECURITY # _____ PHONE # _____

EDUCATION (INSTITUTION, LOCATION, DEGREE OR CERTIFICATION)

HIGH SCHOOL _____

COLLEGE _____

BUSINESS/TECHICAL SCHOOL _____

SPECIAL SKILLS RELATED TO THE POSITION YOU ARE APPLYING FOR:

PREVIOUS EMPLOYMENT (LIST PREVIOUS EMPLOYMENT, STARTING WITH YOUR PRESENT OR LAST POSITION. SHOW NAME AND ADDRESS OF EMPLOYERS. DO NOT LEAVE ANY PERIODS VACANT.)

DATES	POSITION	EMPLOYER	SALARY RECEIVED

ARE YOU A U.S. CITIZEN OR AN ALIEN LAWFULLY AUTHORIZED TO WORK IN THE U.S.? (PROOF OF CITIZENSHIP OR EMPLOYMENT AUTHORIZATION MUST BE SUPPLIED BEFORE HIRING.) YES _____ NO _____

WORK RELATED REFERENCES

FULL NAME	ADDRESS	PHONE NUMBER	POSITION

PLEASE INCLUDE A HANDWRITTEN STATEMENT WITH THIS APPLICATION INDICATING WHY YOU ARE INTERESTED AND QUALIFIED FOR THE POSITION YOU ARE SEEKING.

I WOULD BE AVAILABLE TO BEGIN WORK ON _____

MY SIGNATURE BELOW CERTIFIES THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED HEREIN IS COMPLETE AND TRUE. I UNDERSTAND ANY MISREPRESENTATION OF INFORMATION SHALL BE SUFFICIENT CAUSE FOR REJECTING MY CANDIDACY, WITHDRAWING ANY JOB OFFER, OR TERMINATION OF MY EMPLOYEMENT.

I FURTHER AUTHORIZE THIS EMPLOYER TO INVESTIGATE MY BACKGROUND NOW OR IN THE FUTURE, TO VERIFY ALL THE INFORMATION PROVIDED, AND RELEASE FROM ALL CLAIMS, CAUSES OF ACTION, AND LIABILITY, ALL PESONS AND/ OR CORPORATIONS SUPPLYING OR RECEIVING INFORMATION CONCERNING MY BACKGROUND.

(SIGNATURE)

(DATE)

APPLICANTS WHO WILL OPERATE TOWNSHIP VEHICLES COMPLETE THIS SECTION

1. HAVE YOU HAD ANY TYPE OF VEHICLE ACCIDENT IN THE LAST THREE (3) YEARS? _____

IF SO GIVE APPROXIMATE DATES _____

2. HAVE YOU BEEN CONVICTED OF A MOVING TRAFFIC VIOLATION IN THE LAST THREE (3) YEARS? _____

IF SO, GIVE APPROXIMATE DATES _____

3. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? _____

IF SO, GIVE APPROXIMATE DATES _____

4. HAS YOUR OPERATING PRIVELEDGE BEEN RESTORED? _____

5. HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS? _____

IF SO, GIVE APPROXIMATE DATES _____

6. LICENSE OPERATORS NUMBER _____ EXPIRATION DATE _____

7. CLASSES _____ EXPIRATION DATE _____