

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 _____ (DATE)

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 EMPLOYMENT.

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 (CDL Required)

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 VIOLATIONIN THE LAST THREE (3) YEARS? _____

IF SO GIVE APPROXIMATE DATES: _____

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

4. IF SO, GIVE APPROXIMATE DATES: _____

5. HAS YOUR OPERATING PRIVELEDGE BEEN RESTORED? _____

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

IF SO, GIVE APPROXIMATE DATES: _____

7. LICENSE OPERATORS NUMBER: _____ EXPIRATION DATE: _____

8. CLASSES: _____ EXPIRATION DATE: _____