ELDRED TOWNSHIP SUPERVISORS

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

EMPLOYMENT APPLICATION FORM

DATE:		DATE OF BIRTH:		
NAME:				
(LAST)		(FIRST)	(MIDDLE)	
ADDRESS:	(STREET)			
	(STREET)	(CITY) (STATE)	(ZIP CODE)	
SOCIAL SECU	RITY#	E-MAIL	CELL#	
EDUCATION (INSTITUTION, LOCATION	, DEGREE OR CERTIFICATION)		
HIGH SCHO	OL			
COLLI	EGE			
BUSIN	ESS/TECHNICAL SCHOOL			
SPECIAL SKILL	LS RELATED TO THE POSI	TION YOU ARE APPLYING FOR:		
#PPER Exhibited decision recoverate, and applied applications developed account of the control o		etten til alle Stiffe at floreste societ filler ett i societatio da otse ette en en en en och base to occus et average visit flatte kant		
Proxymout/Protect and Activitation behavior and arthur and account an assured				
PREVIOUS EM POSITION, SHO	PLOYMENT (LIST PREV OW NAME AND ADDRE	VIOUS EMPLOYMENT, STARTING W ESS OF EMPLOYERS. DO NOT LEAVE	TH YOUR PRESENT OR LAST ANY PERIODS VACANT.)	
DATES	POSITION	EMPLOYER	SALARY RECEIVED	
	A. A			
	AANIN .			
ARE YOU A U.S	S. CITIZEN OR LAWFULL	Y AUTHORIZED TO WORK IN THE U.S	.? (PROOF OF CITIZENSHIP OR	
EMPLOYMENT	AUTHORIZATION MUS	ST BE SUPPLIED BEFORE HIRING.) Y	ES NO	

FULL NAME	ADDRESS	PHONE NUMBER	POSITION
	ANDWRITTEN STATEME HE POSITION YOU ARE S		INDICATING WHY YOU ARE INTERESTE
I WOULD BE AVAILAE	BLE TO BEGIN WORK ON		
			(DATE)
IS COMPLETE AND TI	RUE. I UNDERSTAND A	NY MISREPRESENTATION OF	E, ALL INFORMATION PROVIDED HEREIN F INFORMATION SHALL BE SUFFICIEN' OR TERMINATION OF MY EMPLOYMENT
ALL THE INFORMATION	ON PROVIDED, AND REL	EASE FROM ALL CLAIMS, C	IND NOW OR IN THE FUTURE, TO VERIFY AUSES OF ACTION, AND LIABILITY; ALI IN CONCERNING MY BACKGROUND.
			(DATE)
PPLICANTS WHO W	ILL OPERATE TOWNS	HIP VEHICLES COMPLETE	THIS SECTION (CDL Required)
HAVE YOU HAD ANY	TYPE OF VEHICLE ACCI	DENT IN THE LAST THREE (3)	YEARS?
IF SO GIVE APPROX	IMATE DATES:		
HAVE YOU BEEN CON	VICTED OF A MOVING T	RAFFIC VIOLATIONIN THE L	AST THREE (3) YEARS?
IF SO GIVE APPROXI	MATE DATES:		
HAS YOUR DRIVER'S	S LICENSE EVER BEEN S	USPENDED OR REVOKED?	
IF SO, GIVE APPROX	IMATE DATES:		

٦.	has four 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:			