

**APPLICATION
FOR EMPLOYMENT**

**FRANKSTOWN TOWNSHIP
SUPERVISORS**

We consider applicants for all positions without regard to race color religion creed national origin age disability marital or veteran status sexual orientation or any other legally protected status.

Please print

position(s) applied for	Date of Application
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How did learn about us?
 Advertisement Friend Walk in
 Employment Agency Relative Other

Last name	First name	Middle name
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Address	Number	Street	City	State	Zip code
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Telephone #s	Social security #
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If you are 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with us before? yes no
 If yes, give dates. _____

Have you ever been employed with us before? yes no

Are you currently employed? yes no

May we contact your present employer? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? yes no
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: Full time. Part time. Shift work. Temporary.

Are you currently on "lay-off" status and subject to recall? yes no

Can you travel if job requires it? yes no

Have you been convicted of a felony within the past 7 years? yes no
Conviction will not disqualify an applicant from employment.

If yes please explain. _____

Do you currently carry CDL Drivers License yes no

Education

	name and address of school	course of study	years completed	diploma degree
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDER GRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHERS (SPECIFY)				

Indicate any foreign languages you can speak, read, and or write.

	fluent	good	fair
speak			
read			
write			

Describe any specialized training, skills, and extra-curricular activities

Describe any job related training received in the United States Military

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1	employer		dates employed		work performed
	address		from	to	
	telephone #s		hourly rate / salary		
	job title	supervisor	starting	final	
	reason for leaving				
2	employer		dates employed		work performed
	address		from	to	
	telephone #s		hourly rate / salary		
	job title	supervisor	starting	final	
	reason for leaving				
3	employer		dates employed		work performed
	address		from	to	
	telephone #s		hourly rate / salary		
	job title	supervisor	starting	final	
	reason for leaving				
4	employer		dates employed		work performed
	address		from	to	
	telephone #s		hourly rate / salary		
	job title	supervisor	starting	final	
	reason for leaving				

If you need additional space, please continue on separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p>

Additional information

Other qualifications

summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills / Equipment operated

<input type="checkbox"/> CRT	<input type="checkbox"/> FAX	PRODUCTION/MOBILE	OTHERS (LIST) _____
<input type="checkbox"/> PC	<input type="checkbox"/> LOTUS 1-2-3	MACHINERY LIST: _____	_____
<input type="checkbox"/> CALCULATOR	<input type="checkbox"/> PBX SYSTEMS	_____	_____
<input type="checkbox"/> TYPEWRITER	<input type="checkbox"/> WORDPERFECT	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to applicant: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

yes no

References

1 name. _____	phone# ()
address. _____	
2 name. _____	phone# _____
address. _____	
3 name. _____	phone# _____
address. _____	

APPLICATION
FOR EMPLOYMENT

FRANKSTOWN TOWNSHIP
SUPERVISORS

For personnel department use only

NAME: _____

POSITION: _____

DATE: _____

Position(s) Applied for is open:	___yes	___no
Position(s) Considered for: _____		
Date: _____		

NOTES:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being excepted at that time.

I hereby understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an " at will " nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this " at will " employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment , I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ signature of applicant

_____ date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___yes ___no

Remarks: _____

Employed ___yes ___no Date of Employment: _____

Job Title _____ Hourly Rate/Salary: _____

Department: _____

By: _____

Name and title

Date