

**EAST WHITELAND TOWNSHIP
APPLICATION FOR EMPLOYMENT
An equal opportunity employer**

LAST NAME

FIRST

MIDDLE INITIAL

PRESENT ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE NUMBER (DAY)

(EVENING)

SOCIAL SECURITY NUMBER

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING: _____

PLEASE CHECK PREFERRED STATUS:

Full-time Part-time Seasonal No Preference Other : _____

DATE AVAILABLE TO START: _____

Are you over the age of 18? yes no If no, state your age: _____

Are you willing to work overtime, if necessary? yes no

Can you perform the essential duties of the job for which you are applying, with or without reasonable accommodation?
 yes no

Have you ever been convicted of a crime other than a minor traffic offense or are there charges presently pending against you for any crime other than a minor traffic offense? If yes, state the nature of the offense, date, city and state:

Disclosure of a criminal record will not necessarily disqualify you for employment consideration. Each offense will be evaluated on its own merit with consideration for job duties which you will be performing.

During the past ten years have you ever been involved in any work-related incident(s) which caused damage to facilities, equipment, property, or other persons? yes no

Do you have the legal right to work in the United States? yes no

RECORD OF EDUCATION

(LIST SCHOOLS FROM WHICH YOU OBTAINED A DEGREE OR CERTIFICATION)

SCHOOL NAME	LOCATION	COURSE OF STUDY	DATES	DEGREE/CERT. RECEIVED
High School				NA
College				
Graduate				

RECORD OF PREVIOUS EMPLOYMENT

(PROVIDE INFORMATION ON THE PREVIOUS 10 YEARS OF EMPLOYMENT. INCLUDE MILITARY SERVICE.)

PRESENT OR MOST RECENT EMPLOYER		POSITION HELD	Position Held and Duties Performed
Name		From	
Street Address		To	
City, State, Zip		Ending salary	Reason for leaving:
Supervisor	Telephone Number ()		

DOES YOUR PRESENT EMPLOYER KNOW YOU ARE SEEKING EMPLOYMENT ELSEWHERE? YES NO

PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
Name		From	
Street Address		To	
City, State, Zip		Ending salary	Reason for leaving:
Supervisor	Telephone Number ()		

NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
Name		From	
Street Address		To	
City, State, Zip		Ending salary	Reason for leaving:
Supervisor	Telephone Number ()		

NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
Name		From	
Street Address		To	
City, State, Zip		Ending salary	Reason for leaving:
Supervisor	Telephone Number ()		

NEXT PREVIOUS EMPLOYER		MONTH AND YEAR	POSITION HELD AND DUTIES PERFORMED
Name		From	
Street Address		To	
City, State, Zip		Ending salary	Reason for leaving:
Supervisor	Telephone Number ()		

If you are applying for a clerical position, indicate:

Typing speed:	Computer operation: ___ yes ___ no	Kind:
Shorthand speed:	Word processing: ___ yes ___ no	Kind:
Dictaphone ___ yes ___ no	Spreadsheet: ___ yes ___ no	Kind:

If you are applying for a Public Works position, indicate:

Do you possess a Commercial Driver's License (CDL)? ___ yes ___ no

State: _____ Operator's number: _____ Expiration Date: _____

Has your Driver's License been suspended or revoked in the last 5 years? ___ yes ___ no
If yes, please explain:

Please indicate most recent moving violation:
Date: _____ Violation: _____ State of incident: _____

List specialized training courses or on-the-job training you have received :

What type?	Who provided training?	Dates of training?	Location?

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, discharge from employment. I authorize the Township to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, and educational background, whether same is of written record or not; and I authorize my employers to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of an original.

(Date)

(Applicant's Signature)

cc: Employee Personnel File