

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

<p>SPRINGETTSBURY TOWNSHIP 1501 Mt. Zion Road York, PA 17402 (717) 757-3521 www.springettsbury.com</p>	<p style="text-align: center;">Equal Employment Opportunity Employer</p> <p style="text-align: center;">Springettsbury Township recognizes and embraces the concept of equal employment opportunity. It is the Township's policy to recruit and hire all persons without regard to race, sex, age, ethnic background, religion, disability, veteran status, national origin, marital status or other legally established standard.</p>
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Completion of this Application does not Guarantee any Applicant an Interview or Employment

PERSONAL DATA

Telephone No.: _____ Cell Phone No.: _____ Date: _____

Name: _____

Last
First
Middle
(Maiden Name or Name at Birth)

Present Address: _____

No.
Street
City
State
Zip
How Long

Previous Address: _____

No.
Street
City
State
Zip
How Long

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary								
High							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE (List present and past employment, beginning with your most recent. Account for all time, including unemployment). Use additional sheet, if necessary.

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
1.								
	Position Title: _____ Describe the work you did:							
Telephone: ()								
Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
2.								
	Position Title: _____ Describe the work you did:							
Telephone: ()								
Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
3.								
	Position Title: _____ Describe the work you did:							
Telephone: ()								
Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
4.								
	Position Title: _____ Describe the work you did:							
Telephone: ()								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s): _____

JOB INTEREST

Full Time Part Time Other

Date Available: _____

Position Desired: _____

Salary Desired: _____

Are you willing to work night shift? Yes No

Saturday and/or Sunday? _____

Are you able, **without** accommodation, to perform all of the functions of the job for which you are applying? Yes No

Are you able, **with** accommodation, to perform all of the functions of the job for which you are applying? Yes No

If so, please describe the accommodation(s) that you need: _____

Do you have a valid Pennsylvania drivers license? Yes No

Driver Number: _____

Class: _____

Have you ever been convicted of a crime other than traffic violations? (Conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, explain: _____

Have you ever worked for the Township? Yes No

When? _____ What Department? _____

Reason for leaving: _____ Referred to Township by: _____

List experience on machines and equipment (office and factory), any additional skills you have and/or any processes with which you are familiar. List your skill level with regard to computer programs and software:

MILITARY SERVICE RECORD

Were you in the United States Armed forces? Yes No

If yes, what branch? _____

Rank

Date(s) of Duty

Date of Discharge

PERSONAL REFERENCES (Not former employers or relatives)

Name	Address	Occupation	Telephone	Years Known
			Home: Work: Cell:	
			Home: Work: Cell:	
			Home: Work: Cell:	

I understand that if the position I am applying for requires a physical examination, and an offer of employment is made to me, I agree to take a physical examination prior to commencement of employment. I understand that any job offer is contingent upon successful completion of the physical examination.

Signed _____ Date: _____

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if employed, falsified statements on this application shall be considered cause for dismissal.

Signed _____ Date: _____