

Forward Township

207 Ash Stop Road, Evans City, PA 16033
724.538.9251

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS/ALCOHOL
Please print all information except signature

PERSONAL INFORMATION:

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Phone No.: ____-____-____ Cell No.: ____-____-____ Social Security #: ____-____-____

State name & relationship of anyone employed with Forward Township:

Are you legally eligible for employment in this country? Yes No
For insurance purposes, are you age 23 or older? Yes No

EMPLOYMENT DESIRED:

Position applied for: _____ Date you can start: _____ Salary desired: \$ _____

Are you currently employed? Yes No If so, may we contact your current employer? _____

Employment desired Full-time only Part-time only Full or Part-time

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

GENERAL INFORMATION:

***Please list all heavy equipment skills**

Special Skills: _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITARY RESERVE? Yes No

HAVE YOU EVER PLED GUILTY OR NO CONTEST TO, OR BEEN CONVICTED OF A CRIME? IF YES, PLEASE PROVIDE DATE(S) AND DETAILS. Yes No

"A conviction will not necessarily disqualify you from the job for which you have applied."

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No - CDL LICENSE? Yes No

Driver's license #: _____ State of issue: _____ CLASS _____ A _____ B _____ C

Expiration Date: _____ If CDL, Medical Card Expiration Date: _____

Have you had any accidents during the past three years? Yes No

If Yes, How many? _____ # of Points

Have you had any moving violations during the past three years? Yes No

If Yes, How many? _____ # of Points

FORMER EMPLOYERS (list below last three employers, starting with last one first).

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

REFERENCES: (give the names of three persons not related to you, whom you have known at least one year. References must be business related or co-workers for above employment history)

NAME	ADDRESS AND PHONE #	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE #

PLEASE READ THE FOLLOWING BEFORE SIGNING:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS TEMPORARY FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE".

DATE: _____ SIGNATURE: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: _____ POSITION: _____ START DATE: _____ SALARY: \$ _____

APPROVALS: 1. _____ 2. _____ 3. _____
SUPERVISOR SUPERVISOR SUPERVISOR