## Hanover Township 11 Municipal Drive Burgettstown, PA 15021 724-947-9109

## **Employment Application**

Applicant Information										
Full Name:							Dat	e:		
Address:	Last First					M.I.				
Address.	Street Address				Apartment/Unit #					
-	City					State	)	ZIP Code	<del>)</del>	
Phone: (	)		_ E-n	nail Addres	ss:					
Date Available:				Desired Salary: _\$						
Position Applied for:										
Are you a citizen of the United States?				NO YES NO NO NO NO NO NO NO YES NO						NO
Have you ever worked for this company?    If so, when?   YES NO										
Have you e	ever been convicted of a felon									
If yes, expla	ain:									
Education										
High Schoo	bl:	Ado	dress	:						
	To:			YES	NO	Degree:				
College:		Add	dress	: <u> </u>						
From:	To:	Did you gradu	ıate?	YES	NO	Degree:				
Other:		Add	dress	:						
From:	To:	Did you gradu	ıate?	YES	МО	Degree:				
References										
	three professional reference									
Full Name:				Relations	hip:					
Company:						Phone:	( )			
Address: _										
Full Name:				Relations	hip:					
Company:						Phone:	_()			
Address: _										
Full Name:				Relations	hip:					
Company:						Phone:	( )			
Address:										

Previous Employment							
Company:		Phone: (	)				
Address:		Supervisor:					
Job Title:	Starting Salary: _\$		Ending Salary:	_\$			
Responsibilities:							
From: To	o: Reason for Leaving:	NO					
May we contact your previous	ous supervisor for a reference?	NO					
· · ·		Phone: (	)				
Address:		Supervisor:					
Job Title:	Starting Salary: _\$		Ending Salary:	\$			
Responsibilities:							
From: T	o: Reason for Leaving: _	NO					
	ous supervisor for a reference?	NO					
Campani		Phone: (	)				
Address:		Supervisor:					
Job Title:	Starting Salary: _\$		Ending Salary:	\$			
Responsibilities:							
From: To	o: Reason for Leaving: _	NO					
May we contact your previo	ous supervisor for a reference?	NO 🗆					
Company:		Phone: (	)				
. ,							
	Starting Salary: \$						
	Fo: Reason for Leaving:						
<u>-                                    </u>	YES ous supervisor for a reference?	NO					
	ous supervisor for a reference:		)				
	Starting Salary: \$			_			
	To: Reason for Leaving:						

Company:			_ Phone:	(	)	
					r:	
Job Title:		Starting Salary: _ <b>_</b>	<b>3</b>		_ Ending Salary:	\$
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact yo	our previous superv	isor for a reference?	NO —			
Company:			Phone:	_(	)	
Address:			Sup	ervisor:		
ob Title:		Starting Salary: \$			Ending Salary:	\$
Responsibilities:						
rom:	To:	Reason for Leaving:				
/lay we contact you	ır previous supervis	or for a reference?	NO			
Company:			Phone:		)	
			Sun	ervisor:		
\ddress:			Sup			
		Starting Salary: \$			Ending Salary:	\$
ob Title:					Ending Salary:	\$
ob Title:		Starting Salary: _\$			Ending Salary:	\$
ob Title:  Responsibilities:  rom:	To:	Starting Salary: \$			Ending Salary:	\$
ob Title:  Responsibilities:  From:  May we contact you	To: ur previous supervis	Starting Salary: \$  Reason for Leaving: YES	NO 🗌		Ending Salary:	
ob Title:  Responsibilities:  From:  May we contact you  Company:	To:ur previous supervis	Starting Salary: \$  Reason for Leaving: YES or for a reference?	NO □	_(		
ob Title:  Responsibilities:  From:  May we contact you  Company:  Address:	To:ur previous supervis	Starting Salary: _\$ Reason for Leaving: YES sor for a reference?	NO □ Phone: Sup	_( ervisor:	)	
cob Title:  Responsibilities:  From:  May we contact you  Company:  Address:  ob Title:	To:ur previous supervis	Starting Salary: _\$ Reason for Leaving: _	NO □ Phone: Sup	_( ervisor:	)	

Military Service							
Branch:		From:	To:				
Rank at Discharge:		Type of Discharge:					
If other than honorable, explain:							
Indicate	any foreign language	s you speak, read, and o	or write				
muicate							
Sneak	Fluent	Good	Fair				
Speak Read							
Write							
Describe any specia	lized training, apprenti	ceship, skills and extra-	curricular activities.				
Other Qualifications – Summarize	special job-related skills and	d qualifications acquired from	employment or other experie	ence			
Speci	alized Skills Chec	k skills/Equipment Oper	rated				
CRT Fax	Production/N	Mobile Machinery (list)	Other (list)				
PC  Lotus 1-2-3 Calculator PBX System				-			
Typewriter  WordPerfect	Ш			_			
		<del></del>		-			
				_			
		or civic activities and o					
You may exclude membership which v	vould reveal gender, race, relic	gion, national origin, age, ancest	ry, disability, or other protected	status			

## Information from a current PA. Drivers License **Operators Number:** Class: Restrictions: Note to Applicants: 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 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 Disclaimer and Signature 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 time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise 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 acknowledged 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 discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature: \_\_\_\_ Date: \_\_\_\_\_ FOR PERSONNEL DEPARTMENT USE ONLY Arrange Interview YES NO Remarks: \_\_\_\_ Employed YES NO Date of Employment:: Hourly Rate/Salary Department:: (Name and title) (Date) NOTES:

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