

Peters Township Employment Application



610 East McMurray Road
McMurray, PA 15317

READ THE FOLLOWING INSTRUCTIONS CAREFULLY

ONLY THE INFORMATION THAT YOU PROVIDE ON THIS APPLICATION WILL BE CONSIDERED IN DETERMINING WHETHER YOU ARE QUALIFIED FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. THEREFORE, TO RECEIVE FULL CONSIDERATION, COMPLETE THIS APPLICATION COMPLETELY.

This application form will not be returned to you. Completed applications must be signed. Applications must be completely filled out in ink. DO NOT USE PENCIL. PLEASE PRINT. EVERY NUMBERED ITEM ON THIS APPLICATION MUST BE ANSWERED, EVEN IF THE ANSWER IS "NONE." Incomplete applications may lead to you not receiving full consideration.

FILLING OUT THE EXPERIENCE SECTION (SECTION III): This section must clearly show that the minimum requirements for the position as posted on the job description are met. You must include all relevant information with particular attention of full and exact dates of employment month and year, number of hours worked weekly (if the number of hours worked weekly varied, indicate an average number of hours worked weekly), and specific duties of each position held.

In order for us to evaluate your qualifications, it is imperative that this section be completed fully and accurately. List your current or most recent position first. You may also include volunteer experience and military experience in this section, but be sure to include all required information. You may attach additional sheets to this application if necessary. A resume must be included with your application if one is required. Completion of this application does not guarantee any applicant an interview or employment.

Peters Township recognizes and embraces the concept of equal opportunity. It is Peters Township's policy to recruit and hire all persons without regard to race, color, religion, sex, national origin, marital status, age or non-job related physical or mental disability.

I. GENERAL INFORMATION

1. Application for the position of: **Part-Time Laborer** Department: **Public Works**
2. Name: _____
(Last) (First) (M.I.)
3. Residence: _____
4. Phone Numbers: Home () _____ Mobile () _____
5. E-Mail Address: _____

6. Machines you can operate (including computers and computer software) _____

7. Have you ever been employed by Peters Township Yes NO

If yes, when? From _____ to _____ What Department? _____

Reason for Leaving? _____

8. Are your employment, education, or military records under another name? YES NO

If yes, give name _____
(Last) (First) (MI)

9. Under this position are you seeking: Full Time () Part Time () Other ()
Temporary () Seasonal ()

10. Do you have a valid PA drivers license? YES NO

If yes, give class and number: _____

11. Have you ever been convicted of a felony or a misdemeanor? YES NO

If yes, list convictions and date of conviction _____

12. Date available to start work _____

II. Educational Background

1. Fill in Diploma/Degree received (Highest received)

High School/GED Associate's Bachelor's Master's Doctorate Other

If other, list _____

2. High School attended

<u>Name of School</u>	<u>State</u>	<u>Did you graduate?</u>
_____	_____	<input type="checkbox"/> Yes

3. List your college, trade, correspondence, or other schools below:

<u>Name of School</u>	<u>State</u>	<u>Degree/Major</u>	<u>Credits/Credit Hours Completed</u>	<u>Did you graduate?</u>
_____	_____	_____	_____	YES <input type="checkbox"/>
_____	_____	_____	_____	YES <input type="checkbox"/>
_____	_____	_____	_____	YES <input type="checkbox"/>

4. Indicate any relevant certificates or licenses (such as CDL, FCC, EMT State Certification, Journey Level License, or other) _____

III. Work Experience

IF YOU FAIL TO COMPLETE EACH SPACE IN THIS SECTION WITH THE REQUIRED INFORMATION, YOUR QUALIFICATIONS MAY NOT BE COMPLETELY EVALUATED. ASK FOR ADDITIONAL SHEETS IF NECESSARY.

From To
Mo./Yr. Mo./Yr.

1. Job Title _____

Name and Address of Organization _____

Hours Worked Weekly _____ Salary _____ Reason for Leaving _____

Supervisor's Name _____ Title _____ Phone () _____

Specific Duties _____

From To
Mo./Yr. Mo./Yr.

2. Job Title _____

Name and Address of Organization _____

Hours Worked Weekly _____ Salary _____ Reason for Leaving _____

Supervisor's Name _____ Title _____ Phone () _____

Specific Duties _____

From To
Mo./Yr. Mo./Yr.

3. Job Title _____

Name and Address of Organization _____

Hours Worked Weekly _____ Salary _____ Reason for Leaving _____

Supervisor's Name _____ Title _____ Phone () _____

Specific Duties _____

IV. References

1. List three names of persons familiar with your ability. Exclude relatives.

Name	Address	Phone #	Relationship
1. _____	_____	_____	_____

2. _____	_____	_____	_____

3. _____	_____	_____	_____

I do solemnly swear (or affirm) that the application form contains no misrepresentations or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that all statements made by me on this application are subject to later investigation. I am aware that should such an investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and if already appointed, I may be dismissed from my position, and I am subject to prosecution.

I authorize Peters Township and the hiring department to investigate and verify any information contained in my application for employment including, but not limited to, prior work, and education record, criminal history.

I further authorize any past or present employer, any law enforcement agency, or any school to release any and all information about me contained in their records to Peters Township.

I hereby release any past or present employer, any law enforcement agency, or any school, and any and all of their employees from any liability in furnishing such information to Peters Township.

Signature of Applicant

Date

DO NOT WRITE IN THIS BOX – TO BE COMPLETED BY PETERS TOWNSHIP

Interviewed by: _____	Date: _____
For the Position: _____	Dept.: _____
Date of Hire: _____	Starting Date: _____
Wage Rate: _____	Classification: _____
Approved by: _____	Dept.: _____ Date: _____
Approved by: _____	
Reason for Replacement: _____	
Other Remarks: _____	

PETERS TOWNSHIP
APPLICATION FOR CMV/CDL EMPLOYMENT
FOR APPLICANTS POSSESSING A COMMERCIAL DRIVERS LICENSE
All requested information must be completed in order to receive full consideration for employment.

APPLICANT'S NAME: _____
(Please Print)

Nature and Extent of Driving Experience

Type of Equipment	Date From:	Date To:	Total Miles Driven

List All Valid Commercial Motor Vehicle Licenses and/or Permits

Issuing State	License Number & Class	Expiration Date

Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years

Date of Accident	Nature of Accident	# Fatalities	# Injuries

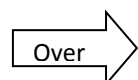
Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures for past 3 years

Location	Date	Charge	Penalty

Operating Privileges

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____
Did you have a positive pre-employment drug or alcohol test in the past two years? Yes _____ No _____

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.



Record of CMV/CDL Employment for Past 10 Years

Note: If this applicant has no history of CMV/CDL employment in the last 3 years, check here:

Last Employer _____

Street Address _____

City, State, Zip _____

From: _____ To: _____ Reason for Leaving _____

Was this employment subject to U.S.DOT alcohol & controlled substance testing (i.e. CDL)? Yes No

2nd Last Employer _____

Street Address _____

City, State, Zip _____

From: _____ To: _____ Reason for Leaving _____

Was this employment subject to U.S.DOT alcohol & controlled substance testing (i.e. CDL)? Yes No

3rd Last Employer _____

Street Address _____

City, State, Zip _____

From: _____ To: _____ Reason for Leaving _____

Was this employment subject to U.S.DOT alcohol & controlled substance testing (i.e. CDL)? Yes No

TO BE READ AND SIGNED BY APPLICANT

By signing below, I certify that this application was completed by me and that all information in it is true and complete to the best of my knowledge.

Applicant's Signature

Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.