

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 _____

13. How did you first learn of this employment opportunity? _____

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"/>

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: _____	
