WASHINGTON TOWNSHIP, LEHIGH COUNTY

Recognizes and embraces the concept of equal employment opportunity. It is Washington Township's policy to recruit and hire all persons without regard to race, color, religion, sex, national origin, marital status, age, or non-group related physical or mental handicap or disability. The Township does not offer tenured or guaranteed employment. Either the Township or the employee can terminate the employment relationship at any time, with or without cause, with or without notice. This is called **Employment at Will.** Completion of this application does not guarantee any applicant an interview or employment.

PERSONAL DATA:

NAME: _____SOC. SEC.#_____PHONE#_____

PRESENT ADDRESS:_____HOW LONG:_____

PREVIOUS ADDRESS:_____HOW LONG:_____

Have you ever worked for Washington Township?_____

EMPLOYMENT INTEREST: ( ) FULL TIME   ( ) PART TIME   ( ) OTHER

POSITION DESIRED:_____SALARY DESIRED:_____

ARE YOU WILLING TO WORK NIGHTS AND/OR WEEKENDS:_____

DO YOU HAVE A VALID PA DRIVERS LICENSE:_____ENTER LICENSE#_____

DO YOU HAVE A VALID CDL:_____ENTER LICENSE#_____

ARE YOU OVER 18 YEARS OF AGE:_____HAVE YOU EVER BEEN CONVICTED OF A

CRIME OTHER THAN TRAFFIC VIOLATIONS:_____

ARE YOU A VETERAN:_____DATES OF DUTY:_____TO_____RANK_____

DATE OF DISCHARGE:_____

EDUCATION:

HIGH SCHOOL:_____DEGREE:_____# YRS ATTENDED_____

COLLEGE/TECH SCHOOL:_____DEGREE:_____

KNOWLEDGE OF OFFICE MACHINES:_____

COMPUTER TRAINING (work, excel. etc.):_____

EQUIPMENT YOU CAN OPERATE (light & heavy):_____

EMPLOYMENT EXPERIENCE:

Dates From	To	Employer Name Address	Job Title Department Name of Supervisor	Duties	Final Wage	Reason for Leaving

REFERENCES: Give the names of three persons. Exclude relatives or former employers.

1. _____

2. _____

3. _____

In case of emergency notify:

_____

name   address   phone #   relationship

All new employees will be subject to a criminal background check, reference checks, and driving record check along with the pre-employment drug testing.

APPLICANT'S CERTIFICATION AND AGREEMENT:

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.

_____

Applicant signature   Date

PERSONENEL DEPT USE ONLY:

Interviewed by: _____ Date: _____ For Job Title: _____

Dept: _____ Date Hired: _____ Start Date: _____ Wage: _____

Reason for Non-Placement: _____

Approved by: _____ Dept: _____ Date: _____