

PERSONAL

Employment Application

APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Date Available				Social Security No. Last 4 Digits Only		XXX-XX-		Desired Salary		
Position Applied for										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this township?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
If required can you work nights & weekends?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain						
Do you have A commercial drivers license		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes CDL Class?	(A)	(B)				
Drivers License Number				State drivers license issued						
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Have you taken training under the G.I. Bill? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If Yes to above what training did you receive?	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that if employed, false statement on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. In making this application for employment I also understand that an investigation report MAY be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Signature

Date

DISCLAIMER AND SIGNATURE RELEASE OF RECORDS

I, by this release, photography or facsimile transmission thereof, authorize and request you to release to Osaburg Township Board of Trustees, or there designated representatives, any and all information and/or records relating to, including, but not limited to, academic, adoption, correctional, employment, law enforcement, medical, military, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records, as well as any files prepared in connection with prior civil or criminal litigation, and any other correspondence or documents pertaining to said event.

This document also authorized any physician, expert or other personnel to discuss their otherwise confidential information with the above-mentioned representatives. In consideration of such disclosure, I hereby release you, in your individual and/or institutional capacity, from any and all liability arise from the disclosure of otherwise confidential information.

You are specifically authorized to photocopy these records and release copies to the above-mentioned representatives

Signature

Date