

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DOB (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS		APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME TELEPHONE NO.		CELL PHONE NO.		E-MAIL ADDRESS

LAST

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS TOWNSHIP BEFORE?		WHERE?		WHEN?	
EVER WORKED FOR THE TOWNSHIP BEFORE?		WHERE?		WHEN?	
REASON FOR LEAVING					
NAME OF LAST SUPERVISOR AT THE TOWNSHIP					
WHO REFERRED YOU TO THE TOWNSHIP?					
<input type="checkbox"/> EMPLOYMENT AGENCY		<input type="checkbox"/> NEWSPAPER ADVERTISING		<input type="checkbox"/> FRIEND	
<input type="checkbox"/> STATE EMPLOYMENT OFFICE		<input type="checkbox"/> COLLEGE PLACEMENT SERVICE		<input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER	

FIRST

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

INITIAL EACH STATEMENT INDICATING YOU HAVE READ AND UNDERSTAND IT.

INITIAL HERE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I UNDERSTAND THAT IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT SCHUYLKILL TOWNSHIP, ITS CONSULTANTS, THEIR AGENTS OR EMPLOYEES MAY BE PERFORMING, REQUESTING, OBTAINING OR CONDUCTING A BACKGROUND CHECK ON ME. THIS BACKGROUND CHECK MAY INCLUDE AN INQUIRY INTO MY EMPLOYMENT HISTORY, EDUCATION, GENERAL CHARACTER OR REPUTATION, WORK EXPERIENCE, VOLUNTEER EXPERIENCE, DRIVING, CRIMINAL HISTORY AND/OR CREDIT HISTORY. I HEREBY AUTHORIZE THE CUSTODIAN OF RECORDS IN EACH INSTANCE TO PERMIT MY RECORDS TO BE EXAMINED, COPIED, OR OTHERWISE REVIEWED AND RELEASE SAID CUSTODIAN, ITS EMPLOYEES AND RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE TOWNSHIP HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED TOWNSHIP REPRESENTATIVE."

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	TOWNSHIP MANAGER	DATE
APPROVED 3	ADMINISTRATIVE LIAISON-BOARD OF SUPERVISORS	DATE