

WEST HEMPFIELD TOWNSHIP

3401 Marietta Avenue, Lancaster, PA 17601
(717) 285-5554

Employment Application

APPLICANT INFORMATION			
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation or any other legally protected status. Applicants requiring accommodation in the application or hiring process should contact the Personnel Office.			
(PLEASE PRINT)			
Position(s) Applied For			Date of Application
How Did you Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name		First Name	
		Middle Name	
Street Address			Apartment/Unit #
City		State	ZIP
Phone		Social Security No.	
If you are under 18 years of age, can you provide required proof of your eligibility to work?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever filed an application with us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give date.	
Have you ever been employed with us before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give date.	
Are you currently employed?			YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your present employer?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a U.S. citizen or otherwise lawfully authorized to be employed in this country? <i>Proof of citizenship or immigration status will be required upon employment.</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
On what date would you be available for work?			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Are you currently on "lay-off" status and subject to recall?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you travel if a job requires it?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a felony or misdemeanor? <i>Conviction will not necessarily disqualify an applicant from employment.</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please explain:			

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Undergraduate College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Graduate Professional			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (Specify)			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Indicate any foreign languages you can speak, read and/or write				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				
Describe any specialized training, apprenticeship, skills and extracurricular activities.				
Describe any job-related training received in the United States Military.				

EMPLOYMENT EXPERIENCE				
Start with your present or last job. Include any job-related military service assignments and relevant volunteer activities.				
Employer		Phone	()	
Address		Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$
Work Performed				
From	To	Reason for Leaving		

Employer				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Work Performed					
From		To		Reason for Leaving	
Employer				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Work Performed					
From		To		Reason for Leaving	
Employer				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Work Performed					
From		To		Reason for Leaving	
<p>If you need additional space for Employment Experience, please continue on a separate sheet of paper.</p> <p>List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i></p>					

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional Information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

YES NO

PERSONAL REFERENCES

Please list three references.

Name	Phone ()
Address	
Name	Phone ()
Address	
Name	Phone ()
Address	

PROFESSIONAL REFERENCES

Do not include any individuals who are related to you.

Name	Phone ()
Address	
Name	Phone ()
Address	
Name	Phone ()
Address	

APPLICANT'S STATEMENT

I certify that my answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize all current and former employers, educational institutions and references to release information relevant to my application for employment and I release the Township, all current and former employers, educational institutions and references from any and all liability related to the release of such information.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge, that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature

Date