WEST HEMPFIELD TOWNSHIP

3476 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 Applic	Date of Application				
How Did you Learn About Us?								
Advertisement Friend Walk-In Employment Agency Relative Other								
Last Name			me			Middle Na	me	
Street Address Apartment/Unit						#		
City					ZIP			
Phone Email								
If you are under 18 years of age, can you provide required proof of you				o work?			YES 🗌	NO 🗌
Have you ever filed an application with us before?	YES 🗌	NO 🗌	If yes, give date.					
Have you ever been employed with us before?	YES NO If yes, give date.							
Are you currently employed?							YES 🗌	NO 🗌
May we contact your present employer?						YES 🗌	NO 🗌	
Are you a U.S. citizen or otherwise lawfully authorized to be employed in this country? Proof of citizenship or immigration status will be required upon employment.						YES 🗌	NO 🗌	
On what date would you be available for work?								
Are you available to work: 🗌 Full Time 🗌 Part Time 🗌 Shift Work 🗌 Temporary								
Are you currently on "lay-off" status and subject to recall?						YES 🗌	NO 🗌	
Can you travel if a job requires it?							YES 🗌	NO 🗌
Have you been convicted of a felony or misdemeanor? Conviction will not necessarily disqualify an applicant from employment.						YES 🗌	NO 🗌	
If Yes, please explain:								

In the past five years, have you been convicted of a DUI, been at fault in any accidents, or received more than one motor vehicle citation? *Will not necessarily disqualify an applicant from employment*. If yes, please explain:

NO

YES

EDUCATIO	DN							
High School			Address					
From	То	Did you graduate?	YES 🗌 NO	🗆 De	egree			
Undergradua College	te	-	Address					
From	То	Did you graduate?	YES 🗌 NO	🗆 De	egree			
Graduate Professional			Address					
From	То	Did you graduate?	YES 🗌 NO	🗌 De	egree			
Other (Specify)			Address					
From	То	Did you graduate?	YES 🗌 NO	🗌 De	egree			
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	r Phone ()							
Address	Supervisor							
Job Title			Starting Salary	\$		Ending Salar	/ \$	

Jod I Itie				Starting Salary	\$ Ending Salary	\$
Work Per	formed					
From		То	Reason for Leaving			

e ()						
Ending Salary \$						
2 ()						
Ending Salary \$						
rmed						
. ()						
e () visor						
visor						
visor						
visor						
visor						
visor						
visor Ending Salary \$						
visor						
visor Ending Salary \$						
visor Ending Salary \$						
visor Ending Salary \$						
visor Ending Salary \$						
visor Ending Salary \$						

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 OF THE JOB FOR WHICH YOU ARE APPLING.	REQUIREM	ENTS
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 🗌

PERSUNAL 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