

# Application for Employment

# North Whitehall Township

**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a company officer.

Position(s) applied for: \_\_\_\_\_ Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address: \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain. \_\_\_\_\_

Have you ever been employed here before?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired:  Full Time  Part Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of the position?  Yes  No

Have you been convicted of a crime in the last seven (7) years?  Yes  No

If yes, please explain. \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY PROHIBIT EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

DRIVER'S LICENSE NUMBER IF DRIVING IS AN ESSENTIAL JOB FUNCTION \_\_\_\_\_ STATE \_\_\_\_\_

CDL:  Yes  No If Yes please list classification \_\_\_\_\_

## Employment History

FROM:	TO:	EMPLOYER:	TELEPHONE:
JOB TITLE:		ADDRESS:	
IMMEDIATE SUPERVISOR AND TITLE:		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
REASON FOR LEAVING:		HOURLY RATE/SALARY	START \$ PER FINAL \$ PER
FROM:	TO:	EMPLOYER:	TELEPHONE:
JOB TITLE:		ADDRESS:	
IMMEDIATE SUPERVISOR AND TITLE:		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:	
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REASON FOR LEAVING:		HOURLY RATE/SALARY	START \$ PER FINAL \$ PER
FROM:	TO:	EMPLOYER:	TELEPHONE:

AN EQUAL OPPORTUNITY EMPLOYER

## Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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## Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

## References

NAME	TELEPHONE	YEARS KNOWN
1.		
2.		
3.		
4.		

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUESTED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEEDED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE AMERICAN DISABILITY ACT.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

*I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_