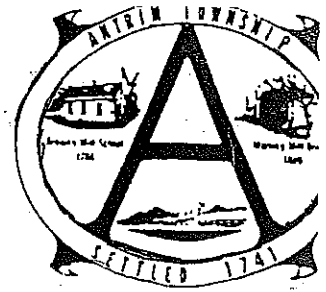


# Application For Employment



**ANTRIM TOWNSHIP, P.O. Box 130, Greencastle, PA 17225 Phone: 717-597-3818**

**We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non- job related medical condition or handicap, or any other legally protected status.**

(Please Print)

Position(s) Applied For

Date of Application

How did you learn about us?

☐ Advertisement ☐ Friend ☐ Walk-in ☐ Employment agency ☐ Relative ☐ Other \_\_\_\_\_

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

If you are under 18 years of age, can you provide required proof of your eligibility to 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 prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes

☐ No

Proof of citizenship or immigration status will be required upon employment.

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 within the last 7 years?

☐ Yes

☐ No

Conviction will not necessarily disqualify an applicant from employment

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

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? ☐ Yes ☐ No

# Employment Experience

Start with your present, or last job. Include any job-related military service assignments, and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name & Address		Dates Employed		Work Performed
		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Present	Expected	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Present	Expected	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Present	Expected	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

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# Applicant's Statement

I certify that 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.

This application for employment shall be considered active for a period of time not to exceed 45 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, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 of Applicant

\_\_\_\_\_  
Date

## **FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview

☐ Yes

☐ No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed

☐ Yes

☐ No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_

Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

NOTES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_