



BACKGROUND INFORMATION				
Have you ever been charged with a crime within the past three (3) years? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please give the following information:				
Charged Offense	City/County	State	Date	Disposition of Case
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please give the following information:				
Charged Offense	City/County	State	Date	Disposition of Case
<i>NOTE: Criminal convictions are not necessarily a bar to being hired; all relevant circumstances will be considered.</i>				

TRAFFIC/DRIVING RECORD			
List all traffic citations and accidents that you were involved in within the last three (3) years. (excluding parking tickets)			
Charged Offense	Location of incident	Date of incident	Fault found? Yes or No

REFERENCES			
List three (3) references other than relatives:			
Name	Address	Telephone Number	Relationship

**CERTIFICATION, AUTHORIZATION AND AGREEMENT**

I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize Hempfield Township to investigate the truth of this information and of any other information I may supply during a preliminary interview. I further authorize every school, employer, person, and agency identified by me on this form or in my resume to release any and all verifying information Hempfield Township may solicit from it or them. I further authorize Hempfield Township to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, Hempfield Township will so advise me.

I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Hempfield Township.

I understand and agree that Hempfield Township's acceptance of this application does not constitute any promise, express or implied, that I will be selected as an employee. I further understand that Hempfield Township does not guarantee anyone employee opportunities for any specific length of time. I therefore agree that, if I am employed, my employment may be terminated by either me or by Hempfield Township at any time without notice or cause.

I further understand and agree that any offer of employment Hempfield Township may make to me (and, if I am selected, my continued membership) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical examination and drug tests.

I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work/volunteer for Hempfield Township.

I hereby acknowledge that I have read this section of the application and fully understand the meaning and effect of signing this form.

Applicant

Signature

Date





# APPLICATION FOR EMPLOYMENT

*Hempfield Township is an equal opportunity government. All Qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, non-job related disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.*

INSTRUCTIONS: This application must be completed in its entirety and include a most recent copy of your resume. Please print in ink or type. If, because of a disability, you need assistance in completing this application form, please notify the Township Manager at (724) 834-7232.

Position applied for: _____
Please check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer

Name _____	Last	First	Middle
Address _____			
City _____	State _____	Zip _____	
Phone: Home (____) _____	Cell (____) _____	Length of Residence _____	
Email Address _____			
Driver's License _____		_____	
Number		State	
Class of Driver's License (check all that apply) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If you are under 18, a copy of your work permit must be included with application. The work permit can be obtained from your school.)			
Are you a United States citizen or authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(Proof of citizenship or immigration status will be required upon employment.)			
Can you work :    Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No            Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No			



**EMPLOYMENT HISTORY**

*List all employment for the past ten years, beginning with current or most recent position, include both full and part-time*

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

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To

Address \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Can we contact this employer?  Yes  No

Will this supervisor/employer give a positive job reference?  Yes  No

If no to any of the above, please explain \_\_\_\_\_

Were you: Discharged or asked to resign by this employer?  Yes  No

    Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?  Yes  No

    Ever counseled or warned about excessive absenteeism or tardiness by this employer?  Yes  No

If yes to any of the above, please explain \_\_\_\_\_

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

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To

Address \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Can we contact this employer?  Yes  No

Will this supervisor/employer give a positive job reference?  Yes  No

If no to any of the above, please explain \_\_\_\_\_

Were you: Discharged or asked to resign by this employer?  Yes  No

    Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?  Yes  No

    Ever counseled or warned about excessive absenteeism or tardiness by this employer?  Yes  No

If yes to any of the above, please explain \_\_\_\_\_

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

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
From To

Address \_\_\_\_\_

Description of Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Starting Ending

Can we contact this employer?  Yes  No

Will this supervisor/employer give a positive job reference?  Yes  No

If no to any of the above, please explain \_\_\_\_\_

Were you: Discharged or asked to resign by this employer?  Yes  No

    Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?  Yes  No

    Ever counseled or warned about excessive absenteeism or tardiness by this employer?  Yes  No

If yes to any of the above, please explain \_\_\_\_\_

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

**EDUCATION**

Institution Name	Did you graduate? Yes or No	Degree Earned/ Field of Study
High School		
College/University		
Specialized Training/ Trade School/etc.		
Graduate School		
Other Education		

If you did not graduate from high school, did you attain a GED?  Yes  No

**MILITARY**

Branch of Service \_\_\_\_\_

Length of Service \_\_\_\_\_

Rank at Separation \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Reserve Requirements \_\_\_\_\_

Specialized Training \_\_\_\_\_

**OTHER QUALIFICATIONS**

Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any trade, professional, or skills certificates you hold. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summarize special skills, abilities, or experiences which qualify you for this position. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_