

Richard Monroe, Trustee William Pavlick, Trustee Colene Conley, Trustee Peggy Russell, Fiscal Officer

Employment Application
An Equal Opportunity Employer

Personal Information	
Last Name	First Name
M.I.	
Street Address	Apartment/Unit #
City	State
Zip	
Home Phone	Cell Phone
Email Address	Valid Driver License Number
Social Security Number	
Are you legally eligible to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of years served:
Branch:	Duty/Specialized Training:
Have you ever worked for York Township? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Do you have any relatives who work for the York Township? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and relationship:	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Position Interest	
Position Applying for	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal
Salary Desired	Date Available
If necessary, are you able to work overtime and/or varied shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State why you believe you are qualified for this position	
What prompted you to seek employment with York Township	
Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> With, list <input type="checkbox"/> Without	
Please list any other qualifications related to the type of employment you are seeking	

Employment History (previous 10 years beginning with current, attach additional sheets if needed)				
Employer Name & Address	Position	Start / End Dates	Salary	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

Education Information				
	Name & Address	Years Attended	Subjects Studied/Degree	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trades/Business/Correspondence				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any distinctive courses, seminars and/or training that you have completed that would enable you to perform the position for which you are applying				
Please list academic honors, extracurricular activities, offices held, etc.				

Professional References Please list three references who are not relatives or employees	
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation

I certify that the information provided on this application is accurate, complete, and made in good faith. I agree and understand that any misstatement of facts contained in this application may disqualify me for any employment or result in my removal from employment with York Township. I further understand that upon conditional offer of employment, I may be required to submit to a medical screening and background check. I authorize the York Township through its employees, contractors and agents to verify any information concerning my previous employment, education, criminal background and driving history with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as the Township requires. I hereby release York Township and its employees, contractors, and agents and any disclosing personnel or legal entity from any liability whatsoever as a result of such inquiries and disclosure.

Applicant's Signature

Date