

Union Township

3904 Finleyville-Elrama Road,
Finleyville PA 15332

Application for Employment

READ THE FOLLOWING INSTRUCTIONS CAREFULLY

ONLY THE INFORMATION THAT YOU PROVIDE ON THIS APPLICATION WILL BE CONSIDERED IN DETERMINING WHETHER YOU ARE QUALIFIED FOR THE POSITION FOR WHICH YOU ARE CURRENTLY APPLYING. THEREFORE, TO RECEIVE FULL CONSIDERATION, COMPLETE THIS APPLICATION COMPLETELY.

This application form will not be returned to you. Completed applications must be signed. Applications must be completely filled out in ink. DO NOT USE PENCIL. PLEASE PRINT. EVERY NUMBERED ITEM ON THIS APPLICATION MUST BE ANSWERED, EVEN IF THE ANSWER IS "NONE." Incomplete applications may lead to you not receiving full consideration.

FILLING OUT THE EXPERIENCE SECTION (SECTION III): This section must clearly show that the minimum requirements for the position as posted on the job description are met. You must include all relevant information with particular attention to full and exact dates of employment month and year, number of hours worked weekly (if the number of hours worked weekly varied, indicate an average number of hours worked weekly and specific duties of each position held. In order for us to evaluate your qualifications, it is imperative that this section be completed fully and accurately. List your current or most recent position first. You may also include volunteer experience and military experience in this section, but be sure to include all required information. You may attach additional sheets to this application if necessary. A resume must be included with your application if one is required. Completion of this application does not guarantee any applicant an interview or employment.

Union Township recognizes and embraces the concept of equal opportunity. It is Union Township's policy to recruit and hire all persons without regard to race, color, religion, sex, national origin, marital status, age or non-job related physical or mental disability.

I GENERAL INFORMATION

1. Application for the position of _____
2. Name: _____
(Last) (First) (M.I.)
3. Phone Numbers: Home () _____ Cell () _____ Other () _____
4. Residence: _____
(Street) (City) (State) (Zip)
5. Social Security Number: _____

6. Machines you can operate (including computers and computer software):

7. Have you ever been employed by Union Township: Yes No

If yes, give dates. From _____ to _____

Reason for Leaving _____

8. Are your employment, education, or military records under another name? : Yes No

If yes, give name _____

(Last)

(First)

(M.I.)

9. Under this position are you seeking :

Full Time, Part Time, Temporary, Seasonal

10. Do you have a valid PA drives license? Yes No

If yes, give classes and number: _____

11. Have you ever been convicted of a felony or a misdemeanor ? Yes No

If yes, list convictions and date of conviction. _____

12. Date available to start work. _____

13. Are you a Veteran? Yes No

If you are requesting Veterans preference, attach form DD214.

II. EDUCATIONAL BACKGROUND

1. Fill in Diploma/Degree received (Highest received)

High School/GED, Associate's, Bachelor's Master's Doctorate Other

If other, list _____

2. High School Attended:

School Name _____ State _____ Did you graduate? _____

_____	_____	_____
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3. List your college, trade, correspondence, on-line, or other education:

School Name _____ State _____ Degree/Major _____ Credits/Credit hours completed _____ Did you graduate? _____

School Name	State	Degree/Major	Credits/Credit hours completed	Did you graduate?

4. Indicate any relevant certificates or licenses (such as FCC, EMT State Certification, Journey Level License or other)

III. WORK EXPERIENCE

IF YOU FAIL TO COMPLETE EACH SPACE IN THIS SECTION WITH THE REQUIRED INFORMATION, YOUR QUALIFICATIONS MAY NOT BE COMPLETELY EVALUATED. ASK FOR ADDITIONAL SHEETS IF NECESSARY.

1. From _____ (Mo./Yr) to _____ (Mo./Yr)

Name of the organization: _____

Address: _____

Hours worked weekly _____ Salary _____ Reason for Leaving _____

Supervisor's Name _____ phone () _____

Specific Duties _____

2. From _____ (Mo./Yr) to _____ (Mo./Yr)

Name of the organization: _____

Address: _____

Hours worked weekly _____ Salary _____ Reason for Leaving _____

Supervisor's Name _____ phone () _____

Specific Duties _____

3. From _____ (Mo./Yr) to _____ (Mo./Yr)

Name of the organization: _____

Address: _____

Hours worked weekly _____ Salary _____ Reason for Leaving _____

Supervisor's Name _____ phone () _____

Specific Duties _____

IV. REFERENCES

1. List three names of persons familiar with your working ability. Exclude relatives.

	Name	Address	Phone	Relationship
1				
2				
3				

I do solemnly swear (or affirm) that the application form contains no misrepresentations or falsifications, omissions or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that all statements made by me on this application are subject to later investigation. I am aware that should such an investigation at any time disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and if already appointed, I may be dismissed from my position, and I am subject to prosecution

I authorize Union Township to investigate and verify any information contained in my application for employment including, but not limited to, prior work, and education record, criminal history.

I further authorize any past or present employer, any law enforcement agency, or any school to release any and all information about me contained in their records to Union Township.

I hereby release any past or present employer, any law enforcement agency, or any school, and any and all of their employees from any liability in furnishing such information to the Union Township.

Signature of Applicant

Date

DO NOT WRITE IN THIS BOX - TO BE COMPLETED BY UNION TOWNSHIP

Interviewed by: _____	Date: _____
For the Position: _____	Dept.: _____
Date of Hire: _____	Starting Date: _____
Wage Rate: _____	Classification: _____
Approved by: _____	Dept.: _____ Date: _____
Reason for Non-Placement: _____	
Other Remarks:	