

DATE _____

WAYNE TOWNSHIP EMPLOYMENT APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

NAME and ADDRESS

Name (First, MI, Last)

Social Security Number

Mailing Address

City, State, and Zip Code

Telephone

Alternate Phone

If under 18, please list age

Email

JOB TYPE

Days/Hours available to work

___ I have no preference ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun

I am seeking a: ___ Full-time job ___ Part-time job ___ Full - or Part -time

How many hours can you work weekly?

Can you work nights?

Date available to begin

ADDITIONAL INFORMATION

Have you ever been employed by this organization in the past? Yes No

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? Yes No

If Yes, please explain:

Do you have a driver's license Yes No

What class PA drivers license do you hold? _____

Driver's license number _____

Have you any accidents during the past three years? _____ How many _____

Have you had any moving violations during the past three years? _____ How many _____

List all truck driving or heavy equipment operating experience you may have had. _____

What pneumatic and power tools used: Jackhammer, chain saw, compactor, Etc.

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.
2.
3.
4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date
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Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business/Trade School

Military

Have you even been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date

Specialty

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