

**DICKINSON TOWNSHIP**

Dickinson Township recognizes and embraces the concept of equal employment opportunity. It is Dickinson 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 handicap or disability.

**EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

**EMPLOYMENT APPLICATION**

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ANY APPLICANT AN INTERVIEW OR EMPLOYMENT

**PERSONAL DATA**

Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (M.I.)

Present Address: \_\_\_\_\_  
 (Street) How Long \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (Zip)

Have you ever worked for Dickinson Township \_\_\_\_ Yes \_\_\_\_ No When: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Referred by: \_\_\_\_\_

**JOB INTEREST** ( ) Full Time ( ) Part Time ( ) Other: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

ARE YOU WILLING TO WORK AT NIGHT, WEEKENDS, HOLIDAYS, DURING EMERGENCIES AND STORMS OR WHEN REQUESTED BY YOUR SUPERVISOR? ( ) Yes ( ) No  
 DO YOU HAVE A VALID PA. DRIVER'S LICENSE? ( ) Yes ( ) No If yes, Class: \_\_\_\_\_  
 Number: \_\_\_\_\_

**EDUCATION:**

	Trade School/Business	High School	College
Last year completed:	( )1 ( )2 ( )3 ( )4	( )9 ( )10 ( )11 ( )12	( )1 ( )2 ( )3 ( )4
NAME & ADDRESS of SCHOOL			Did You Graduate Course Degree

TRADE SCHOOL / BUSINESS		Did You Graduate	Course Degree
HIGH SCHOOL			
COLLEGE			

**GENERAL INFORMATION:**

Are you over the age of 18? \_\_\_\_\_ Have you ever been convicted of a crime other than a Traffic Violation? ( ) Yes ( ) No  
 Are you a veteran? \_\_\_\_ Dates of Duty: \_\_\_\_\_ to \_\_\_\_\_ Rank \_\_\_\_ Date of Discharge \_\_\_\_\_  
 Other Education, Training, Skills: \_\_\_\_\_

Machines / Equipment you are qualified to operate: \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

PLEASE LIST YOUR RECENT JOB FIRST, ACCOUNT FOR ALL TIME INCLUDING UNEMPLOYMENT, USE ADDITIONAL SHEET, IF NECESSARY

DATES FROM TO	EMPLOYER NAME & ADDRESS	1. Job Title 2. Department 3. Name of Supervisor	DESCRIBE MAJOR DUTIES	WAGES START FINAL	REASON for LEAVING
		1)			
		2)			
		3)			
		1)			
		2)			
		3)			
		1)			
		2)			
		3)			
		1)			
		2)			
		3)			

**REFERENCES: Give Names of Three Persons.  
Exclude Relatives or Former Employers**

Name	Address	Business

**IN CASE OF EMERGENCY NOTIFY:**

	(Name)
	(Relationship)
	Address
	Phone

**This space for Personnel Department use only.**

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that if employed, falsified statements on the Application shall be considered cause for dismissal.

This application must be signed and dated for consideration.  
This is a drug free environment, drug testing may be required prior to being hired.  
A criminal background check may be done prior to your being hired, are you willing to release your Social Security number for the background check.

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
 For Job Title: \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_ Per \_\_\_\_\_  
 Date Hired: \_\_\_\_\_ Date: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Reason for Non-Placement: \_\_\_\_\_

Remarks: \_\_\_\_\_

	DATE
	APPLICANT SIGNATURE