HARBORCREEK TOWNSHIP

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



Please Print All Information

Personal Information

Name & Address	<u>88</u>	Daytime Phone ()				
				Evening	Phone ()
Last	First	Middle			ou prefer to	be contacted during
Street				me day, (· U
City	State	Zip				
List the title of t Are you availab	he job for which you are ap le for: Full-time wor Part-time wor	k Daytime		are intereste orary, occasi		
Date you can sta	urt:					
Education						
	Name of School	Address	# Years Attended	Did You Graduate?	Major	Degree
High School						
Colleges, Universities						
Technical Schools						
Work Histor	other training, seminars, co	rrespondence course	s, etc. mat would ha	ive a bearing	on your qu	ianneauons.
bearing on your experience if ap	list all jobs and periods of qualifications for the work plicable. Use a blank sheet ut your permission. Start v	you are applying for t or an additional for	or, regardless of whe rm if more space is r	n they occur	red. Includ	le military
Current or Mos	st Recent Employer:	Your Job title:				
Address:		Describe Your Duties:				
Dates Employe From: Month	ed Year To: Month	Year				
Name of Your	Supervisor:					
Current or fina	l Pay Rate:	Why Did You Leave (Or Wish to Leave) This Job?				

Employer:	Your Job title:
Address:	Describe Your Duties:
Dates Employed From: Month Year To: Month Year	
Name of Your Supervisor:	
Final Pay Rate:	Why Did You Leave This Job?
Employer:	Your Job title:
Address:	Describe Your Duties:
Dates Employed From: Month Year To: Month Year Name of Your Supervisor:	
Final Pay Rate:	Why Did You Leave This Job?
Employer:	Your Job title:
Address:	Describe Your Duties:
Dates Employed From: Month Year To: Month Year Name of Your Supervisor:	
Final Pay Rate:	Why Did You Leave This Job?
Employer:	Your Job title:
Address:	Describe Your Duties:
Dates Employed From: Month Year To: Month Year Name of Your Supervisor:	
Final Pay Rate:	Why Did You Leave This Job?
Check here if more information is attached	
If at any of the previously listed schools or employers, you we	ere known by another name, list it here.
Last First	Middle

or nec	e you able to perform the work of the job for which you are applying? Yes No (If no, see supplemental form attach an explanation of any accommodations needed). The employer will make reasonable accommodations if tessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration employment.						
Qı	ualifications						
1.	List any licenses or certifications you hold that have a bearing on your qualifications:						
2.	re you ever had a license or certification revoked or suspended? Yes \(\sigma\) No \(\sigma\)						
3.	Have you ever been fired or asked to resign from a job? Yes \int No \int						
4.	Are you 18 years of age or older: Yes No (If you are under 18, you must present a certificate from your school district stating your eligibility to work.)						
5.	Are you legally eligible to be employed in the United States of America? Yes No (If hired, you will be required to show documentation verifying your eligibility.)						
6.	Have you ever been convicted of or pled guilty to a crime other than summary offenses or traffic violations? Yes No No If yes, please explain below. (A conviction will not be a disqualification from employment unless it has a bearing on your qualifications).						
7.	. Is there any other information we should be aware of which has a bearing on your qualifications for the work for which you are applying? Yes No (If yes, list below or on a separate sheet. Do not volunteer any information about your age, sex, religion, race, national origin, or disability.)						
	et at least three references who know you personally and who are familiar with your work qualifications, and who e not related to you.						
Na	me How Known Address Phone #						
1.							
2.							
3.							
4.							

Additional Information

If you are applying for a specific position, you should answer the questions on the following list which have been indicated by a check mark before the number. If you are filling out a general application for our files, answer those questions which in your judgement are related to the type of work you are seeking.

1. Can you type?	1. Can you type? Yes No Speed? (Correct words per minute.)							
2. Can you take did	Can you take dictation without mechanical assistance? Yes No Speed? (Spoken words/minute)							
	Do you have a level of comfort using word processing and/or spreadsheet software? Yes No If yes, Level/Specify Software:							
4. List any other of	1. List any other office machines that you can operate							
	5. Do you possess a valid PA motor vehicle operator's license? Yes No For what class or vehicle? License expiration date							
6. What types of m	6. What types of motor vehicles and construction equipment can you operate?							
7. Are you availab	7. Are you available for overnight travel? Yes No							
8. Are you availab	8. Are you available for occasional overtime work? Yes No							
9. Can you begin work within 4 weeks of a job offer? Yes No If no, when?								
☐ 10. Have you ever been refused bond? Yes ☐ No ☐								
11. Can you understand (U), read (R), speak (S), or write (W) any language other than English? Yes No								
If yes, list:	Language	U	R	S	W			
1.								
2.								
3.								
☐ 12. Are you now serving or have you ever served in any branch of the U.S. Military Services including National Guard Reserves? Yes ☐ No ☐								
I certify that to the best of my knowledge, the information of this form is correct and complete. I understand that any misrepresentation on this application will be cause for me to be removed from further consideration, or, if I have been hired, may be grounds for my dismissal.								
Signature				Date				