ROSS TOWNSHIP

Employment Application

Seasonal Part-Time Hourly Drivers and Operators

250 Anchorage Road, Saylorsburg, PA 18353 | 570-992-4990

Complete all sections; enter N/A where appropriate. Attach extra pages or a resume if needed. Do not include a Social Security number.

Email pages 1-2 to rosstwp@rosstwpmcpa.gov or drop them off at the office, Monday-Friday, 8 a.m.-4 p.m. Return confidential page 3 separately as directed.

Applicant Information

Full legal name

Application date

Street address and apartment

City

State

ZIP code

Phone

Email

Date available

Desired hourly pay ($)

Position interest

Select

Authorized to work in the U.S.?

Select

Previously employed by Ross Township?

Select

If previously employed, position and dates (or N/A)

Availability and Qualifications

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
From:							
To:							

Include a.m./p.m.; enter N/A when unavailable. Attach scheduling limits if needed.

Vehicles / equipment operated and years of relevant experience

Relevant training / certifications

School / program and credential earned

ROSS TOWNSHIP

Employment History and References

Seasonal Part-Time Hourly Drivers and Operators

250 Anchorage Road, Saylorsburg, PA 18353 | 570-992-4990

Applicant name

List your three most recent employers, starting with the current or most recent. Include relevant seasonal work. Attach another page if needed.

Employer 1

Employer / location | **Dates employed** | **Supervisor phone / email**

Job title / responsibilities | **Reason for leaving** | **Contact employer?** Select

Employer 2

Employer / location | **Dates employed** | **Supervisor phone / email**

Job title / responsibilities | **Reason for leaving** | **Contact employer?** Select

Employer 3

Employer / location | **Dates employed** | **Supervisor phone / email**

Job title / responsibilities | **Reason for leaving** | **Contact employer?** Select

Professional References

Reference 1 name / relationship / phone

Reference 2 name / relationship / phone

Applicant Certification

I certify that my answers are true and complete to the best of my knowledge. I authorize Ross Township to verify my employment, education and professional references. False or misleading information may result in rejection of my application or termination of employment. This application does not guarantee employment or create an employment contract. Driving-record access requires my separate signed authorization on page 3.

Applicant signature (use a PDF signing tool or sign a printed copy)

Date

ROSS TOWNSHIP

Driver Information and Authorization

CONFIDENTIAL | Return separately

250 Anchorage Road, Saylorsburg, PA 18353 | 570-992-4990

Return this page in a sealed envelope marked "Confidential - Driver Information" to the Township office, or call 570-992-4990 to arrange a secure return. Do not send this page through ordinary email. Do not provide a Social Security number.

Driver Identification

Full legal name exactly as shown on license

Other names used on driving records (or none)

Date of birth (MM/DD/YYYY)

Driver license number

Issuing state

Expiration date

License type / class

Select

Endorsements / restrictions (or none)

Residential street address

City

State

ZIP code

Daytime phone

Is your license currently valid?

Select

If no, explain current status

Other states licensed in during the past 3 years (or none)

Authorization for Employment Driving Record Check

I authorize Ross Township, 250 Anchorage Road, Saylorsburg, PA 18353, to request and review my motor vehicle driving record and license status from PennDOT and, if applicable, the other state licensing agencies I have identified, to evaluate my qualifications for the seasonal, part-time road crew driver/operator position.

For my Pennsylvania record, I request that PennDOT release my driver record to Ross Township for this employment purpose. This authorization applies to this hiring review only. I may need to sign the licensing agency's official release form. This does not authorize a general criminal, credit or FMCSA Clearinghouse background check.

Driver signature (use a PDF signing tool or sign a printed copy)

Date

Printed name

Township use only: Verify identity and signed consent before requesting a record. When using PennDOT DL-503, obtain the driver's signature in Section E and complete required requester sections. Keep this page and the record in restricted-access personnel files. Complete separate applicable CDL onboarding checks before assigning CDL duties.