POINT TOWNSHIP

Northumberland County
759 Ridge Road, Northumberland, PA 17857-9623
pointtownship.org • (570) 473-3198 • (570) 473-7812 (Fax)

EMPLOYMENT APPLICATION

Point Township is an Equal Opportunity Employer. All information requested on this application is solicited for the purpose of determining qualifications required for proper job placement and to facilitate verification of the information requested. This application must be completed in its entirety. Please print in ink, do not type. If you have a disability and require assistance, please contact the Township office at (570) 473-3198.

Date: _____

PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street Town/City State Zip

Phone: (___) _____ Email: _____

Driver's License Info: _____
Number State Class/CDL

EMPLOYMENT INFORMATION

Position applied for, (be specific): _____ Salary Desired: _____

If the position has an option, are you applying for…? ☐ Full-Time ☐ Part-Time ☐ Seasonal

Please provide your available start date, (and end date if seasonal): _____ Start _____ End

Were you previously employed by Point Township? ☐ Yes ☐ No If Yes, when? _____

Are you related to any current Township employee? ☐ Yes ☐ No If Yes, list name: _____

If you are under 18 years of age, can you furnish a state work permit? ☐ Yes ☐ No ☐ N/A-Over 18

Are you legally eligible for employment in this country? ☐ Yes ☐ No *(verification required)*

EDUCATION

School	Name and Address	Course	Year Completed or Graduated	Diploma / Degree
High School				
College / Other				

MILITARY

Branch of Service	Length of Service	Rank at Separation
Reserve Requirements	**Specialized Training**	**Honorable Discharge***
		☐Yes ☐No

*If honorably discharged, please attach a copy of your Form DD-214

EXPERIENCE

(List all positions you have held, beginning with most recent)

Name and Address of Company	From / To	Position	Salary	Reason for Leaving	Supervisor Name & Title
Phone: ( )					OK to Contact* ☐Yes ☐No

Name and Address of Company	From / To	Position	Salary	Reason for Leaving	Supervisor Name & Title
Phone: ( )					OK to Contact* ☐Yes ☐No

Name and Address of Company	From / To	Position	Salary	Reason for Leaving	Supervisor Name & Title
Phone: ( )					OK to Contact* ☐Yes ☐No

Name and Address of Company	From / To	Position	Salary	Reason for Leaving	Supervisor Name & Title
Phone: ( )					OK to Contact* ☐Yes ☐No

*Employers you checked "No" for contact will not be contacted unless job appointment is pending.

GENERAL QUALIFICATIONS / LIMITATIONS

Describe any specialized training, knowledge, or other skills or certifications that you feel are relevant to the position	
List any physical defects you have that may interfere with your ability to perform job duties.	
Summarize any other qualities that you feel would make you an asset to the Township	

REFERENCES

(known to you for 3+ years, exclude past employers and relatives)

Name and Occupation	Address	Phone
		( )
		( )
		( )

BACKGROUND

1	Have you ever been convicted of or plead guilty to any crime involving violence to another person?	☐Yes ☐No
2	Have you ever been convicted of or plead guilty to any crime involving dishonesty, theft, fraud or embezzlement?	☐Yes ☐No
3	Have you ever been convicted of or plead guilty to any sexual crimes including rape, assault or similar sexual offense or a sexual crime involving a minor?	☐Yes ☐No
4	Have you ever been convicted of or plead guilty to any crime involving distribution or intent to distribute controlled substances, (drugs), or similar drug offenses?	☐Yes ☐No
5	Have you ever been counseled or disciplined for cash handling violations or a similar problem?	☐Yes ☐No

VERIFICATION

The facts set forth on this Employment Application are true and complete. I understand that if employed, any false statement on this application shall be considered sufficient cause for dismissal. The Township is hereby authorized to conduct an investigation of my background and history, to include personal, professional, financial and criminal. I will provide necessary information, as required by the Township, to aid this investigative process.

I understand that information contained in this Employment Application may be evaluated in arriving at an employment decision. I hereby authorize all current and former employers, educational institutions, and references to release information relevant to my application for employment and I release and hold harmless Point Township, all current and former employers, educational institutions and references from any and all liability related to the release of such information.

_____ _____

Date Applicant's Signature

ADDITIONAL INFORMATION

(Please use the following space for any additional responses needed)

Category	Response