

Jefferson Township, Butler County
157 Great Belt Road
Butler, PA 16002
(724) 352-2324

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS/ALCOHOL

Please print all information except signature

PERSONAL INFORMATION:

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone No. _____ Cell No. _____ Social Security # _____ - _____ - _____

Name and relationship of anyone in our employ _____

Are you legally eligible for employment in this country? _____ Yes _____ No

For insurance purposes, are you age 23 or older? _____ Yes _____ No

EMPLOYMENT DESIRED:

Position applied for _____ Date you can start _____ Salary desired _____

Are you currently employed? _____ If so, may we contact your current employer? _____

Employment desired _____ Full-time only _____ Part-time only _____ Full or Part-time

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

GENERAL INFORMATION:

Special Skills: _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITARY RESERVE? _____ Yes _____ No

HAVE YOU EVER PLED GUILTY OR NO CONTEST TO, OR BEEN CONVICTED OF A CRIME? IF YES, PLEASE PROVIDE DATE(S) AND DETAILS. _____ Yes _____ No

"A conviction will not necessarily disqualify you from the job for which you have applied."

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ Yes _____ No

Driver's license # _____ State of issue _____ CLASS _____ A _____ B _____ C

Expiration Date _____ If CDL, Medical Card Expiration Date _____

Have you had any accidents during the past three years? _____ Yes _____ No

If Yes, How many? _____ # of Points _____

Have you had any moving violations during the past three years? _____ Yes _____ No

If Yes, How many? _____ # of Points _____

FORMER EMPLOYERS (list below last three employers, starting with last one first).

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

MAY WE CONTACT FORMER EMPLOYERS: _____ Yes _____ No

REFERENCES: (give the names of three persons not related to you, whom you have known at least one year).

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE #

PLEASE READ THE FOLLOWING BEFORE SIGNING:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED; FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS TEMPORARY FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE".

DATE _____ SIGNATURE _____

APPLICANT DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRED	POSITION	START DATE	SALARY
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APPROVALS: 1. _____ 2. _____ 3. _____
SUPERVISOR SUPERVISOR SUPERVISOR