## 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 INFO	RMATION:			Date			
Name							
			Middle				
Present Address	Street	Cit	ty Sta	ate Zip			
				·			
Phone No	Cell No	So	ocial Security #	·			
Name and relations	ship of anyone in our empl	loy					
Are you legally elig	Are you legally eligible for employment in this country?YesNo						
For insurance purposes, are you age 23 or older?YesNo							
EMPLOYMENT DE	SIRED:						
Position applied for	Da	ate you can sta	artSa	lary desired			
Are you currently e	mployed?If so, m	ay we contact	your current e	mployer?			
Employment desiredFull-time onlyPart-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 INFORM	MATION:		100				
Special Skills:				=======			

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITARY RESERVE? \_\_\_\_\_Yes \_\_\_\_\_No

1. 2. 3. IN CASE OF EMERGENCY NOTIFY			JILTY OR NO CON ETAILS.			CTED OF A CRIME?	IF YES, PLEASE
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 (IIst below last three employers, starting with last one first).  DATE MONTH & NAME & ADDRESS OF SALARY POSITION REASON FOR LEAVING  From:	"A conviction wi	II not necess	arily disqualify you	from the job	for which you ha	ive applied."	
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 Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  If Yes, How many? # of Points Yes No  REASON FOR LEAVING  REASON FOR LEAVING  From: Form: For: Yes No  REFERENCES: (give the names of three persons not related to you, whom you have known at least one year).  NAME	DO YOU HAVE	A VALID D	RIVER'S LICENSE	?Yes _	No		
Have you had any accidents during the past three years? Yes No  If Yes, How many? # of Points	Driver's license #		State	e of issue	CL	.ASSA	_BC
# of Points	Expiration Date	=	If CDL	, Medical Card I	Expiration Date _		
Ave you had any moving violations during the past three years? Yes No  f Yes, How many? # of Points  FORMER EMPLOYERS (list below last three employers, starting with last one first).  DATE	lave you had any	accidents dur	ing the past three yea	ars?	Yes N	o	
FORMER EMPLOYERS (list below last three employers, starting with last one first).  DATE MONTH & NAME & ADDRESS OF SALARY POSITION REASON FOR LEAVING YEAR EMPLOYER  From:  To:  Trom:  To:  MAY WE CONTACT FORMER EMPLOYERS:	f Yes, How many	?	# of Points				
FORMER EMPLOYERS (list below last three employers, starting with last one first).    DATE   NAME & ADDRESS OF   SALARY   POSITION   REASON FOR LEAVING	łave you had any	moving violat	tions during the past (	three years? _	Yes N	o	
DATE MONTH & NAME & ADDRESS OF EMPLOYER  From:  To:  To:  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  ACQUAINT  OUT OF THE PROPERTY OF TH	f Yes, How many	?	# of Points				
MONTH & NAME & ADDRESS OF SALARY POSITION REASON FOR LEAVING  From: Fro: From: Fro: From: Fro:  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 ACQUAINT  ADDRESS BUSINESS ACQUAINT  Output  N. CASE OF EMERGENCY NOTIFY	FORMER EMP	PLOYERS (I	ist below last three er	mployers, starti	ng with last one fi	rst).	
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Trom:  O:  MAY WE CONTACT FORMER EMPLOYERS:							
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NAME ADDRESS BUSINESS ACQUAINT  ADDRESS BUSINESS ACQUAINT  ACQUAINT  ACQUAINT  ACQUAINT  ACQUAINT	REFERENCES	: (give the na	mes of three persons	not related to	you, whom you ha	ve known at least one ye	ear).
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N CASE OF EMERGENCY NOTIFY					9		
N CASE OF EMERGENCY NOTIFY							
	3.						
NAME ADDRESS PHONE #	N CASE OF EMER	GENCY NOTIF			ADDRESS		DUGUE "

## 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			-
*************				
	APPLI	CANT DO NOT WRITE BELOW THIS LI	NE	
INTERVIEWED BY			DATE	
REMARKS				
		START DATE		
APPROVALS: 1SUPE	ERVISOR 2.	SUPERVISOR	SUPERVISOR	