



PLEASANT TOWNSHIP
Warren County, PA

pleasanttownship-warrenpa.org

8 Chari Lane
Warren, PA 16365
814-723-5240
plstwp@verizon.net

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS/ALCOHOL
Please print all information except signature

PERSONAL INFORMATION:

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

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

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

EMPLOYMENT DESIRED:

Position applied for: _____ Date you can start: _____ Salary desire: _____

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

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

<i>EDUCATION</i>	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
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	HOURLY WAGE /SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

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

NAME	ADDRESS/PHONE #	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 _____

APPROVALS: 1. _____ 2. _____ 3. _____
SUPERVISOR SUPERVISOR SUPERVISOR