

APPLICATION FOR EMPLOYMENT

LOWER WINDSOR TOWNSHIP

2425 Craley Road
Wrightsville, PA 17368

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

First Name	MI	Last Name
Address		
Home Phone	Cell Phone	

GENERAL INFORMATION

Who referred you?
Do you have a relative who works here? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?

DESIRED EMPLOYMENT

Position applying for:	
Date you can start:	Salary Desired:
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

School Level	Name and Location of School	Years Attended	Did you graduate?	Subject Studied (i.e. honors, academic, general)
Elementary School				
High School				
College				
Trade, Business School				

Please list special skills, training or special study and research work. _____

FORMER EMPLOYERS

List below the last three (3) employers starting with the most recent one first.

Name of Present or Last Employer:		
Address:		
Start Date:	Leave Date:	Job Title:
Weekly Starting Salary:	Weekly Final Salary:	
May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor:	Title:	
Phone:		
Description of Work:		
Reason for leaving:		

Name of Previous Employer:		
Address:		
Start Date:	Leave Date:	Job Title:
Weekly Starting Salary:	Weekly Final Salary:	
May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor:	Title:	
Phone:		
Description of Work:		
Reason for leaving:		

Name of Previous Employer:		
Address:		
Start Date:	Leave Date:	Job Title:
Weekly Starting Salary:	Weekly Final Salary:	
May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor:	Title:	
Phone:		
Description of Work:		
Reason for leaving:		

REFERENCES: Please list 3 references who are not related to you.

	NAME	ADDRESS	OCCUPATION	YEARS KNOWN
1				
2				
3				

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, please explain:		

Do you object to an investigation of your background including but not limited to your physical and mental condition and history, financial condition and history, your honesty and moral standards, and your criminal and driving background if any? Yes No

AUTHORIZATION

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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Signature Date