

TOWNSHIP OF EAST COCALICO
EMPLOYMENT APPLICATION
 An Equal Opportunity Employer

INSTRUCTIONS: Please fill out the following employment application form completely and accurately. Every one of these sections must be completed in order for the Township to accept the Application as complete. Print (**do not type**) an answer to every question. If a particular question does not apply to you, so state with N/A. If space available is insufficient, use reverse side and proceed with the number of the referenced block. Do not misstate or omit material fact since the statements made herein are subject to verification to determine your qualifications for employment. *Resumes may be attached, but should not be substituted for completing this application.*

SECTION I: PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
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PRESENT HOME ADDRESS:	STREET	CITY	STATE	ZIP
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HOME PHONE NUMBER	WORK PHONE NUMBER
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Are you at least 18 years of age? YES / NO
(If you are under the age of 18, a work permit may be required)

E-MAIL ADDRESS

SECTION II: WORK PREFERENCE

Please describe in one or two sentences the nature of work and the position in which you are interested.

Are you interested in:

Full-time work _____	Temporary work _____
Part-time work _____	Seasonal work _____
Intermittent work _____	No Preference _____

Date available to start work with the Township: _____

SECTION III: EMPLOYMENT HISTORY

Beginning with your most recent job, list your work history for the past ten years.

_____	Dates Employed: From: _____	Your Job Title: Beginning: _____
Employer's Name		
_____	To: _____	Ending _____
Street Address/City/State/Zip		
_____		Your Salary:
Phone Number		Beginning \$ _____
		Ending \$ _____

Supervisor's Name		

Describe your duties, responsibilities and authority for positions(s) held:

Describe your reason(s) for leaving:

_____	Dates Employed: From: _____	Your Job Title: Beginning: _____
Employer's Name		
_____	To: _____	Ending _____
Street Address/City/State/Zip		
_____		Your Salary:
Phone Number		Beginning \$ _____
		Ending \$ _____

Supervisor's Name		

Describe your duties, responsibilities and authority for positions(s) held:

Describe your reason(s) for leaving:

SECTION III: EMPLOYMENT HISTORY (CONTINUED)

Employer's Name

Dates Employed:
From: _____

Your Job Title:
Beginning: _____

Street Address/City/State/Zip

To: _____

Ending _____

Phone Number

Your Salary:
Beginning \$ _____
Ending \$ _____

Supervisor's Name

Describe your duties, responsibilities and authority for position(s) held:

Describe your reason(s) for leaving:

Employer's Name

Dates Employed:
From: _____

Your Job Title:
Beginning: _____

Street Address/City/State/Zip

To: _____

Ending _____

Phone Number

Your Salary:
Beginning \$ _____
Ending \$ _____

Supervisor's Name

Describe your duties, responsibilities and authority for position(s) held:

Describe your reason(s) for leaving:

SECTION IV: EDUCATION PROFILE

A. List all high schools, career-technical schools, passed General Educational Development tests, and colleges attended:

NAME	CITY/STATE/ZIP	YEARS COMPLETED	GRADUATED YES / NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Major and Minor Courses:			
_____	_____	_____	_____
_____	_____	_____	_____

B. Other accredited schools or training (trade, vocation, military). List subjects studied, certificate(s) earned, and any other pertinent data.

SECTION V: SPECIAL QUALIFICATIONS AND SKILLS

A. List any special skills you possess, machines and equipment you can use and any licenses you hold. (For example, vehicle inspection mechanic, scientific or professional devices, mechanics license, heavy equipment operations (specific types), welding, computers literary, landscaping, etc.):

B. Foreign language skills: Enter language and indicate fluency:

SECTION VI: MILITARY STATUS

	Yes	No
Have you served in and are you a veteran of the U.S. Armed Forces?	_____	_____
A. While in the military service were you ever convicted for any crime graded as a misdemeanor or felony? If yes, give detailed information on charges and actions taken.	_____	_____
B. Are you presently a member of a U.S. Reserve or State Guard organization? If yes, complete the following:	_____	_____
Grade and Service No.:	_____	
Service and Component:	_____	
Organization and Station or Unit and Address:	_____	
Indicate reserve obligation, if any:	_____	

SECTION VII: BACKGROUND INFORMATION

A. **CONVICTION OF CRIME:** Have you ever been convicted of a misdemeanor, felony, or greater criminal violation? (YES / NO) If yes, state violation, court of jurisdiction, and date of conviction.

B. **EMPLOYMENT DISCHARGE:** Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? (YES / NO) If yes, state reason:

C. **CHARACTER REFERENCES:** List three character references. (Do not list relatives, former employers, or persons living outside the United States.)

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

D. **PROFESSIONAL REFERENCES:** List only references who have definite knowledge of your qualifications for the position of application:

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

SECTION VIII: MISCELLANEOUS

The following information will be used only if it is directly related to the classification/position for which you are applying. Please circle YES or NO.

1. If listed as a primary job requirement, are you willing and able to secure a Pennsylvania Motor Vehicle Operator’s License and/or a Commercial Drivers License? YES NO
2. Can you perform the primary job requirements of the specific job for which you are applying with or without accommodations? YES NO
3. Have you previously filed an application with the Township? YES NO
If yes, provide year and position or Department for which you applied:
YEAR _____ POSITION / DEPARTMENT _____
4. Have you previously been employed with the Township? YES NO
If yes, provide dates of employment and position:
DATES: FROM _____ TO _____ POSITION / DEPARTMENT _____
5. Do you have any immediate family members working for this township? YES NO
If yes, give name and relationship to you.

Name	Relationship

Name	Relationship

6. Have you attended school or worked under another name? YES NO
If so, what name? _____
7. Are you a US citizen or an alien authorized to work in the USA? YES NO
8. **READ CAREFULLY AND CHECK APPROPRIATE BOX:**
Applicants for various positions may be required to have a background and/or criminal history check:

_____ I authorize a background and/or criminal history check.

_____ I DO NOT authorize a background and/or criminal history check.

9. **I solemnly swear that all of the information furnished in the Employment Application, and supplements thereto, is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.**

I hereby authorize the employers, schools, and other references names in this application to provide information regarding me and to release personnel, academic and other records concerning me.

APPLICANT NAME (print)

SIGNATURE OF APPLICANT

DATE

SECTION IX: RELEASE OF INFORMATION AGREEMENT AND NOTARY

DO NOT SIGN THIS PAGE UNTIL YOU ARE IN FRONT OF A NOTARY WITH PROPER IDENTIFICATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with East Cocalico Township. The Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the Township.

I hereby authorize any representative of East Cocalico Township bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of East Cocalico Township, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from all and any liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of East Cocalico Township regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of East Cocalico Township's acceptance and processing of my application for employment, I agree to hold the Township of East Cocalio, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with East Cocalico Township. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by East Cocalico Township in conjunction with employment procedures.

A photocopy or FAX of this release form will be valid as an original thereof, even though the said photocopy or FAX does not contain an original writing of my signature.

This waiver is valid for a period of ONE (1) YEAR from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

NAME (PRINT): _____ **NAME (SIGN):** _____ **DATE:** _____

Do not write below this line, for official notary use only.

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LANCASTER**

ON THIS, the _____ day of _____, 2____, before me, the undersigned officer, personally appeared _____, and executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

NOTARY PUBLIC _____
My Commission Expires:

SEAL