

LANCASTER TOWNSHIP
BOARD OF SUPERVISORS

1240 Maple Avenue
Lancaster, Pennsylvania 17603



Telephone 717 291-1213
Fax 717 291-6818
Internet: twp.lancaster.pa.us

APPLICATION FOR EMPLOYMENT

Lancaster Township
1240 Maple Avenue
Lancaster, PA 17603

PERSONAL INFORMATION

Name:			
Address:		City:	State:
Phone (Home):	(Work):	(Cell):	

DESIRED POSITION AND CURRENT EMPLOYER

Position:	Date you can begin:	Salary desired:
Are you now employed? Yes No	If yes, where?	
Dates of employment:		
Reason for leaving:		
Name of last supervisor and phone #		

EDUCATION

High School:	# Years attended:	Did you graduate?
College/Business Trade:		
# Years attended:	Did you graduate?	
Special skills/training:		

OTHER INFORMATION

Service record: Branch of service:
Discharge date & rank:
Have you ever been convicted of a felony:
If yes, please explain:

REFERENCES (PLEASE PROVIDE THE NAMES OF THREE PERSONS TO WHOM YOU ARE NOT RELATED)

Name	ADDRESS	BUSINESS	PHONE #	YEARS KNOWN
1.				
2.				
3.				

PREVIOUS EMPLOYER

Company:		Phone #:	
Employment dates:	to	Position:	
Starting salary:		Ending Salary:	
Name of last supervisor:		May we contact him/her:	
Description of work:			
Reason for leaving:			

PREVIOUS EMPLOYER

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Employment dates:	to	Position:	
Starting salary:		Ending Salary:	
Name of last supervisor:		May we contact him/her:	
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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 may 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, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature

Date