

APPLICATION FOR EMPLOYMENT

Mail to: Lancaster Township
1240 Maple Avenue
Lancaster, PA 17603

PERSONAL INFORMATION

Name:		
Address:	City:	State:
Phone (Home):	(Cell):	(Work): Can we call? <input type="checkbox"/> Y <input type="checkbox"/> N
Email:		

DESIRED POSITION AND CURRENT EMPLOYER

Desired Position:	Date you can begin:	Salary desired:
Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
Current Position:	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: <input type="checkbox"/> Yes <input type="checkbox"/> No 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

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

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:			

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