

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

| | | | | |
|--|--------------------|----------------|------------------------|-----|
| NAME (LAST NAME FIRST) | | | SOCIAL SECURITY NUMBER | |
| PRESENT ADDRESS | APT. NO. | CITY | STATE | ZIP |
| PERMANENT ADDRESS | APT. NO. | CITY | STATE | ZIP |
| ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOME TELEPHONE NO. | CELL PHONE NO. | E-MAIL ADDRESS | |

LAST

DESIRED EMPLOYMENT

| | | | |
|---|--|----------------------------------|--------------------------------|
| POSITION | | 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 |
| EVER APPLIED TO THIS TOWNSHIP BEFORE? | WHERE? | WHEN? | |
| EVER WORKED FOR THE TOWNSHIP BEFORE? | WHERE? | WHEN? | |
| REASON FOR LEAVING | | | |
| | | | |
| NAME OF LAST SUPERVISOR AT THE TOWNSHIP | | | |
| WHO REFERRED YOU TO THE TOWNSHIP? | | | |
| <input type="checkbox"/> EMPLOYMENT AGENCY | <input type="checkbox"/> NEWSPAPER ADVERTISING | <input type="checkbox"/> FRIEND | |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE | <input type="checkbox"/> COLLEGE PLACEMENT SERVICE | <input type="checkbox"/> WALK-IN | <input type="checkbox"/> OTHER |

FIRST

MIDDLE

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|-----------------------------|-----------------------|-------------------|------------------|
| GRAMMER SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

GENERAL

| |
|--|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK |
| SPECIAL TRAINING |
| SPECIAL SKILLS |

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

| | | | |
|----------------------------------|---------------------|---------------------------------|--|
| NAME OF PRESENT OR LAST EMPLOYER | | | |
| ADDRESS | | CITY | STATE ZIP |
| STARTING DATE | LEAVING 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 | | CITY | STATE ZIP |
| STARTING DATE | LEAVING 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 | | CITY | STATE ZIP |
| STARTING DATE | LEAVING 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

BELOW GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

| | NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|---|------|---------|----------|------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

SERVICE RECORD

| BRANCH OF SERVICE | DISCHARGE DATE RANK |
|-------------------|------------------------|
| | |
| | |
| | |
| | |

| | | |
|---|------------------------------|-----------------------------|
| HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION) | | |
| | | |
| | | |
| | | |

AUTHORIZATION

INITIAL EACH STATEMENT INDICATING YOU HAVE READ AND UNDERSTAND IT.

INITIAL HERE

"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 UNDERSTAND THAT IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT SCHUYLKILL TOWNSHIP, ITS CONSULTANTS, THEIR AGENTS OR EMPLOYEES MAY BE PERFORMING, REQUESTING, OBTAINING OR CONDUCTING A BACKGROUND CHECK ON ME. THIS BACKGROUND CHECK MAY INCLUDE AN INQUIRY INTO MY EMPLOYMENT HISTORY, EDUCATION, GENERAL CHARACTER OR REPUTATION, WORK EXPERIENCE, VOLUNTEER EXPERIENCE, DRIVING, CRIMINAL HISTORY AND/OR CREDIT HISTORY. I HEREBY AUTHORIZE THE CUSTODIAN OF RECORDS IN EACH INSTANCE TO PERMIT MY RECORDS TO BE EXAMINED, COPIED, OR OTHERWISE REVIEWED AND RELEASE SAID CUSTODIAN, ITS EMPLOYEES AND RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE TOWNSHIP 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 TOWNSHIP REPRESENTATIVE."

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

| | |
|----------------|------|
| INTERVIEWED BY | DATE |
| COMMENTS | |
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|------------------------|---|------|
| HIRED (DATE) FOR DEPT. | FOR POSITION | |
| SALARY WAGES | WILL REPORT | |
| | | |
| APPROVED 1 | EMPLOYMENT MANAGER | DATE |
| APPROVED 2 | TOWNSHIP MANAGER | DATE |
| APPROVED 3 | ADMINISTRATIVE LIAISON-BOARD OF SUPERVISORS | DATE |