

Conewago Township Adams County, Pennsylvania

Employment Application

Conewago Township is an equal opportunity employer and is dedicated to a policy of non-discrimination in employment on any basis including race, creed, age, sex, religion, national origin or disability.

Applicant Information Type or print clearly.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

How long at current address (months, years): _____

Previous address: _____

How long at previous address (months, years): _____

Phone(s): _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you able to perform the functions of the position that you are applying for either with or without an accommodation based on the job description? YES NO

Have you ever worked for Conewago Twp.? YES NO If yes, when and provide job name. _____

Have you ever applied for a position at Conewago Twp. in the past? YES NO If yes, when and provide job name. _____

How did you learn of the position: _____

What is your desired salary? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

Previous Employment

Current Employer

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company Name: _____ Phone: _____

Address: _____ Years known: _____

Full Name: _____ Relationship: _____

Company Name: _____ Phone: _____

Address: _____ Years known: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____ Years known: _____

Special licenses or skills

Subjects of Special Study or research work? _____

Special licenses or skills? _____

Driver's License Information

Do you have a commercial Driver's License (CD)? YES NO

If yes, list endorsements: _____

U.S. Military or Naval Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I (print name) _____, hereby authorize the Township of Conewago to verify all of the information that I have provided including, but not limited to checking my criminal history, inspection of my driving record, verifying my residency, references and work record.

I understand that as a condition of employment, I may be required to take and pass an employment physical examination and drug screening examination. Such examination will be performed after a conditional job offer has been made, but prior to starting work.

I understand that any misrepresentation or omission of facts on this application is sufficient cause for denial of employment and that any misrepresentation or omission of facts on this application discovered after accepting employment is cause for dismissal.

I know that although Conewago Township will make every effort to accommodate individual preferences, Conewago Township's needs may make overtime and evening hours and being on-call necessary, depending on the occupational position.

I agree to the federal, state and local laws and policies pertaining to privacy and will not disclose information that is not in accordance with the privacy laws and policies.

I further recognize and agree that my employment shall commence on a probationary status that employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without cause, and without prior notice, consistent with applicable law.

Signature: _____ Date: _____

Thank you for taking time to complete our Employment Application. The Employment Application will be valid for ninety (90) days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed and submitted

Mail or deliver your employment application and any supplemental information such as a cover letter and resume, to:
Conewago Township
541 Oxford Avenue
Hanover, PA 17331
Tele: 717.637.0411
www.conewagotwp.us