

BRIAR CREEK TOWNSHIP EMPLOYMENT APPLICATION

PERSONAL

Last Name:	First Name:	MI:
		CDL License: <input type="checkbox"/> YES <input type="checkbox"/> No <i>(if "yes" what class/endorsements/restrictions):</i>
Present Address:		
Home Phone:	Mobile Number:	Email:
Permanent Address, if different from present address:		
If hired, can you provide proof that you are legally able to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred to us?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other, specify: _____		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. <i>Note: An affirmative answer will not necessarily result in disqualification for employment.</i>		
List any relatives or friends employed by the Township:		Relationship:

EMPLOYMENT

Position Desired:	Salary Desired:
What days and hours are you available for work?	
Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When are you available to begin work?	
If under 18, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)</i>	

SKILLS

Do you speak, write, or understand any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which language(s) and with what proficiency?
Are you able to operate a personal computer? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, types of software:
List other office machines you can operate:
Specific skills or training: What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for?

EDUCATION

Type of School	Name and Location of School	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No # of years: _____	Degree(s) or Diploma(s)	Major Field Study
High School or Trade School				
Business or Tech. School				
Jr. College and/or University				
Other Training (Explain)				

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (e.g., volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if more space is needed.

Answer all of the following questions if you are applying for a professional, licensed or certified position.

Are you licensed/certified for the job you are applying for? Yes No

Name of license/certification: _____

Issuing State: _____

License Certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, explain:

POSITIONS HELD

Company Name:	Dates Employed From: To:	Starting Salary: Ending Salary:
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill demonstrated on the job?	

Company Name:	Dates Employed From: To:	Starting Salary: Ending Salary:
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill demonstrated on the job?	

POSITIONS HELD (CONTINUED)

Company Name:	Dates Employed From: To:	Starting Salary: Ending Salary:
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill demonstrated on the job?	

Company Name:	Dates Employed From: To:	Starting Salary: Ending Salary:
Street Address:	Job Title:	Hours Worked From: To:
City, State, Zip Code:	Specific Job Duties: 1. 2. 3.	
Telephone:		
Supervisor:		
Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the most important skill demonstrated on the job?	

PERIODS OF UNEMPLOYMENT

Dates Unemployed From: To:	Reason for Unemployment:
Dates Unemployed From: To:	Reason for Unemployment:
Dates Unemployed From: To:	Reason for Unemployment:

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?
 Yes No
If yes, please describe:

PERSONAL REFERENCES

Please list at least three (3) persons NOT related to you who have known you for at least five (5) years.

Name:	Address:	Phone No.:
Name:	Address:	Phone No.:
Name:	Address:	Phone No.:

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Township or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Township, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Township, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that the Township is committed to maintaining a drug and alcohol-free workplace. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Township has reasonable suspicion to believe that I am under the influence of a drug or alcohol.
4. _____ I authorize the Township to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification or refusal or termination of employment, regardless of the time elapsed before discovery.
6. _____ I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notification by either myself or the Township. There will be no agreement, express or implied between the Township and me for any specific period of employment, nor for continuing or long-term employment, unless made in writing, signed by an authorized representative of the Township.
7. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing statements.

Date: _____

Name: _____

Signature: _____