



APPLICATION FOR EMPLOYMENT

105 Government Center Way
Pocono Pines, PA 18350
Phone: 570-646-1212
Fax: 570-646-9025
www.tobyhannatownship.pa.gov

APPLICANT INFORMATION

Full Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Are you 18 years of age or older?: _____

If hired, can you provide evidence that you are authorized to work in the U.S.?: _____

Have you been convicted of a felony or misdemeanor within the past 5 years?: _____

If yes, please explain: _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered?: _____ If yes, what may be done to accommodate your limitations?: _____

Position Applied for: _____

Desired Salary: \$ _____ Have you ever applied to this company before?: _____ If yes, when?: _____

In case of emergency, please notify:

Full Name: _____ Phone: _____

Address: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

EMPLOYMENT RECORD

(Please list most recent first)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Date Started: _____ Date Left: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?: _____

REFERENCES

(Please list three professional references you have known for at least a year)

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Address: _____

MILITARY SERVICE

Branch of Service: _____ From: _____ To: _____

Rank and Type of Service: _____

Training/Experience Received: _____

APPLICANT'S STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, I authorize investigations of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature: _____ Date: _____

** The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you have applied.

** Tobyhanna Township is an Equal Opportunity Employer.