

STOWE TOWNSHIP APPLICATION FOR EMPLOYMENT

(Applications will be kept on file for one year)

PERSONAL INFORMATION Complete all applicable information

Name (Full - Last, First, MI)			Social Security Number		
Position(s) applied for:			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address:		City	State	Zip	
Home Phone	Business Phone	Have you previously been employed by Stowe Township? <input type="checkbox"/> Yes <input type="checkbox"/> No Dept.?			
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When could you start employment?		
Have you ever applied for employment with Stowe Township? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you ever been convicted of a crime other than a traffic violation? Explain.			
Do you have a High School Diploma or GED?		PA Driver's License Number	Type (Operators/Other)	Valid?(Yes/No)	

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

MILITARY SERVICE

Military Experience? (Yes/No)	Branch of Service	Highest Rank
Other education, training or skills		
Machines you can operate (office & other equipment)		

OFFICE SKILLS

If applying for a clerical position, what business equipment can you operate? (For example, computers, copiers, etc.)			
In what computer software programs are you proficient? [Name the package(s).]			
Stenographic Skills? (Yes/No)	Speed	Typing Skills?	Speed

GENERAL INFORMATION

Please include any other information that you believe should be considered:

REFERENCES: Please list three persons not related to you and not listed as former employers:

Name	Address	Phone (Inc. Area Code)	Occupation

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

<ul style="list-style-type: none"> In consideration of my employment, I agree to conform to the policies and procedures of Stowe Township. I understand that in accepting this application, the Township is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, may result in my employment being terminated. I also understand that any offer of employment is conditioned on the completion of pre-employment tests, background checks, and documentation. I will, upon request, sign all necessary consent forms, including consent for substance abuse testing. I hereby release all individuals and organizations from any and all liability relative to the investigation conducted by the municipality or it's agent, and do hereby permit all records and information concerning my personal life which pertain to determining my fitness for the position for which I am applying to be released. 	
Date	Signature

STOWE TOWNSHIP

AUTHORIZATION TO RELEASE INFORMATION

THIS IS TO CERTIFY THAT I, _____, AM AN APPLICANT FOR THE POSITION OF _____, WITH STOWE TOWNSHIP. I DO HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION TO STOWE TOWNSHIP THAT THEY MAY REQUEST, FROM WHOMEVER THEY MAY DEEM IT NECESSARY TO MAKE SUCH A REQUEST, FROM ANY OR ALL OF MY RECORDS OR FILES. SUCH INFORMATION WILL INCLUDE, BUT WILL NOT BE LIMITED TO: HOSPITAL RECORDS, MEDICAL RECORDS, MILITARY RECORDS, POLICE RECORDS, ARREST RECORDS, COURT RECORDS, POLICE REPORTS, (INCLUDING JUVENILE RECORDS), POLYGRAPH EXAMINATION REPORTS, CREDIT REPORTS, BACKGROUND INVESTIGATION MATERIAL AND REPORTS, EMPLOYMENT RECORDS, ATTENDANCE RECORDS, TRAFFIC RECORDS, CONFIDENTIAL RECORDS, EDUCATIONAL RECORDS AND TRANSCRIPTS, ETC. I FURTHER RELEASE ANY AND ALL PERSONS FROM ANY LIABILITY THAT COULD RESULT FROM FURNISHING SAID INFORMATION TO STOWE TOWNSHIP.

FURTHER, I AUTHORIZE STOWE TOWNSHIP TO COPY OR OTHERWISE REPRODUCE THE ORIGINAL DOCUMENT, AND TO LET SUCH BE COPIED OR OTHERWISE REPRODUCE COPIES TO ACT AS THE ORIGINAL INSTRUMENT. THE ORIGINAL DOCUMENT IS TO BE RETAINED ON FILE WITH STOWE TOWNSHIP SECRETARY'S OFFICE.

I FURTHER UNDERSTAND THAT IN THE EVENT MY APPLICATION IS DISAPPROVED, THE SOURCES OF THE CONFIDENTIAL INFORMATION WILL NOT BE REVEALED TO ME.

SIGNATURE

DATE

PLEASE PRINT THE FOLLOWING INFORMATION:

NAME

ADDRESS

SOCIAL SECURITY NO.

PHONE NUMBER

WITNESS

DATE

