

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:	-								u willing					Part Time	
Street Address:						City			mporary	_	Veekend State	18	Evenings Zip	Nights	
Home Phone Business Phone						Have you previously bee				mplo	ved by S	Stowe 7	Township?		
Are you legally authorized to work in the United States?Yes					Yes No Dept.?								2.5		
Are you legally authorized	to work in	the United St	tates?_	Yes	No				When cou	ıld yo	nı start e	mploy	ment?		
Have you ever applied forYesNoY	employme When?	nt with Stowe	Townsl	hip?	Have yo	ou ever	been o	onvicted	of a crim	othe	ar 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 HISTOR	N (List ho)	lmo last three	emileo	om sin	netine salti	h the r	need no	nerd one	Gard)	11.50	*****				
Present or Last Position Name of Company Name Name					amil min					Mo/	Yr		To Mo/Yr		
Street Address:				City				State				Zip			
										State				Р	
Duties:						Rea	son fo	r Leaving							
Starting Annual Salary	Final Annual Salary			Bonus			Commissio			on			May we contact your supervisor?		
Name of Supervisor				Title and Department of Sup				rvisor P			Phone Number of Supervisor				
Next Previous Position Name of			of Com	ompany				From	From Mo/Yr			To Mo/Yr			
Street Address				City					State			Zi	P		
Duties:						Rea	son for	Leaving							
Starting Annual Salary Final Annual Salary				-/-	Bonus					Commission					
Name of Supervisor Title				Γitle an	nd Department of Supervisor					Phone Number of Supervisor					
Next Previous Position Name of Com				pany				From	From Mo/Yr			To Mo/Yr			
Street Address					City					State			Zip		
Duties:						Reason for Leaving:									
arting Annual Salary Final Annual Salary				Bonus					Commission						
Name of Supervisor				Fitle and Department of Supervisor					Phone Number of Supervisor						
EDUCATION INFORMAT	TION											**			
High School or GED					City				Sta	ite	Degree Subjects S		s Studied		
College Address							City		Stz	ite .	Degree	Degree		GPA	
College	ollege Address						City		Sta	State Degree			Major	GPA	
Other Address							City		Sta	te :	Degree		Major	GPA	
	100		-			Marine State	10000			_				لسيبيا	

MILITARY SERVICE **Highest Rank** Branch of Service Military Experience? (Yes/No) 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).] Typing Skills? Speed Stenographic Skills? (Yes/No) 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: Occupation Phone (Inc. Area Code) Name Address PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY 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

hrapp.doc

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
WHOMEVER THEY MAY DEEM IT NECESSARY T	STOWE TOWNSHIP THAT THEY MAY REQUEST, FROM TO MAKE SUCH A REQUEST, FROM ANY OR ALL OF MY
	L INCLUDE, BUT WILL NOT BE LIMITED TO: HOSPITAL
	CORDS, POLICE RECORDS, ARREST RECORDS, COURT
	INILE RECORDS), POLYGRAPH EXAMINATION REPORTS,
	on material and reports, employment records,
ATTENDANCE RECORDS, TRAFFIC RECORDS, C	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 1	TO COPY OR OTHERWISE REPRODUCE THE ORIGINAL
DOCUMENT, AND TO LET SUCH BE COPIED OR OT	THERWISE 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 R CONFIDENTIAL INFORMATION WILL NOT BE REV	MY APPLICATION IS DISAPPROVED, THE SOURCES OF THE VEALED TO ME.
SIGNATURE	DATE
PLEASE PRINT THE FOLLOWING INFOR	RMATION:
NAME	ADDRESS
SOCIAL SECURITY NO.	PHONE NUMBER
WITNESS	DATE