

Sandy Township

Employment Application

Sandy Township is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

INSTRUCTIONS

Application must be typewritten or printed legibly in black ink. All questions must be answered. Incomplete applications will not be considered. If space provided is not sufficient you may attach supplemental pages.

PERSONAL DATA

Last Name

First Name

Middle Name

Address

City

County

State

Zip Code

Home Phone Number

Other Phone Number

Email Address

Are you a United States Citizen? Yes No

If not, can you show proof of eligibility to work in the United States? Yes No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration status? Yes No

Are you now able to perform the job duties with or without a reasonable related to the position for which you have applied?
 Yes No

EDUCATION / TRAINING

High School / College / University and Location	Date Attended From	Date Attended To	Credit Hours Earned	Did You Graduate?	Type of Diploma

Major _____ Minor _____

Other Schools (Trade, Vocational, Business, or Military):

School and Location	Date Attended From	Date Attended To	Credit Hours Earned	Did You Graduate	Type of Certificate Earned

Indicate any special skills you possess and equipment you can use which may be related to the position for which you are applying. (For example: Accounting skills, word processing and computer skills, types of software you are proficient in using, etc.)

Indicate any type of special licenses you possess (example: PA notary, etc.) and indicate the licensing authority, where the license was first issued, and date the current license expires (except vehicle operator's license):

EMPLOYMENT HISTORY

May we contact present or previous employers? Yes No

List chronologically all employment for the past ten years beginning with present employment, including summer and part-time employment while attending school.

Current Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Name of Employer		
Address		
City, State, Zip		
Area Code and Phone No		
Beginning Date	Ending Date	Salary
Title or Position		<input type="checkbox"/> FT <input type="checkbox"/> PT
Average Hours Per Week		
Name of Supervisor		
Reason for Leaving		
Brief Description of Duties		

Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you by any employer? Yes No

If yes, provide details.

Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No

If yes provide details:

RESIDENCES

List your actual places of residences for the past ten years chronologically, including residences while at school and in the military. For college on-campus residences indicate dormitory name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by City, State and Zip.

Dates (Mo/Yr)		Street Address (Include Apt. No. or P. O. Box No.)	City	County	State
From	To				

MILITARY HISTORY

Have you ever served active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _

Duty Dates: From: _____ To: _____ From: _____ To: _____

Date and Type of discharge: _____

Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide the following information:

Date: _____ Place: _

Nature of Offense:

Action Taken:

CREDIT DATA

Are you indebted to anyone? Yes No

List any debt where payment is **past due**, regardless of amount.

Have you, your spouse, or a company controlled by you filed for bankruptcy? Yes No

Have you, your spouse, or a company controlled by you declared bankruptcy? Yes No

No

Have you, your spouse, or a company controlled by you had a legal judgment rendered against you for a debt? Yes No

If yes to any of these questions, provide details:

PERSONAL REFERENCES

Provide three personal references (not relatives, former or present employers, fellow employees, or school personal references) who are responsible adults of reputable standing in their communities, such as property owners or business professionals who have known you well for the past five years. If the individual is retired, please give former occupation.

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

Full Name	Years Acquainted	Occupation
Home Address		
City, State and Zip		
Home Telephone		
Business Address		
City, State and Zip		
Business Telephone		

APPLICANT'S CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. **I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from Sandy Township.** I agree to these conditions and certify that all statements made by me on this application are true, accurate, and complete to the best of my knowledge. I understand that this employment application shall become the property of Sandy Township.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug screening and that I may be required to take random drug screenings during the term of my employment or appointment with the Sandy Township.

I authorize any persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment or appointment with Sandy Township. Furthermore, I relieve all such parties from any and all liability for damages that might result from furnishing such information to Sandy Township.

If employed, I agree to conform to the rules, regulations, and orders of Sandy Township and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by Sandy Township, at its discretion, and without any prior notice to me.

Signature of Applicant

Date

PERSONAL INQUIRY WAIVER
Authority for Release of Information

To: Concerned Person or
Authorized
Representative of Any
Organization,
Institution or
Repository of Records

FROM: _____
Applicant's Name

I hereby authorize the Sandy Township Board of Supervisors, and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of Social Security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records and any other public records.

I further authorize any individual, company, firm, Corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the Sandy Township Board of Supervisors or its agents. I further authorize the complete release have any records or data pertaining to me which the individual, company, firm, Corporation, or public agency may have to include information or data received from other sources. The Sandy Township Board of Supervisors and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information , including, but not limited to, addresses, Social Security numbers and dates of birth.

I understand that a photocopy or fax of this authorization form will be valid as an original. This authorization is valid for a period of one year from the date of my signature.

Applicant's Signature

Date

