

YORK TOWNSHIP
190 Oak Road
Dallastown, PA 17313
(717) 741-3861

Application for Employment
(Please Print)

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources department.

Please submit completed application to L.smith@vorktownship.com or in person at 190 Oak Rd, Dallastown, PA

Position(s) applied for _____ Date of application ____/____/____

Referral Source ___ Advertisement ___ Employee ___ Relative ___ Government Employment Agency
 ___ Walk-in ___ Private Employment Agency ___ Other _____

Name of source (if applicable) _____

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

TELEPHONE # _____ CELL# _____ E-MAIL _____

If necessary, best time to call you at home is ____ am/pm to ____ am/pm

May we contact you at work? ___yes ___no If yes, work number _____ Best time to call ____ am/pm to ____ am/pm

Are you legally eligible for employment in this country?.....___yes ___no

If you are under 18 and it is required, can you furnish a work permit?.....___yes___no

If no, please explain _____

Have you submitted an application for any position at York Township before? ___yes ___no If yes, give date & position

Have you ever been employed by York Township before? ___yes ___no If yes, give dates From _____ To _____

Date available for work..... _____ Desired salary range\$ _____

Type of employment desired ___Full-time ___Part-time ___Temporary ___Seasonal ___Educational Co-op

Are you available to work days? ___yes ___no Evenings? ___yes ___no Weekends? ___yes ___no

Will you travel if job requires it?..... ___yes ___no

Will you work overtime if required?..... ___yes ___no If no, please explain _____

Have you ever been bonded?.....___yes ___no

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....___yes ___no

If yes, please provide date(s) and details _____

Are there any criminal charges pending against you at this time? ___yes ___no

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as the date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's license number _____ State _____ Class _____ Endorsements _____ CDL ___yes ___no

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone #	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Starting Job Title/Final Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Final Hourly Rate/Salary	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ Per	

Employer	Telephone #	Dates Employed From To	Summarize the type of work performed and job responsibilities
Address			
Starting Job Title/Final Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Final Hourly Rate/Salary	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ Per	

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Reason for Leaving		Final Hourly Rate/Salary	
May we contact for reference? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ Per	

Comments including explanation of any gaps in employment _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Please include computer and office skills and any machinery that you are trained in operating.

Please attach any additional information if necessary.

Educational Background

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. School	B. # yrs	C. Degree/Diploma	D. GPA / Rank	E. Major	F. Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone Number	# of years known

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other protected status.

Please attach any additional information if necessary.

List any additional information you would like us to consider.

Please attach any additional information if necessary.

APPLICANT STATEMENT

I certify that all information I have provided (including additional information as attached) in order to apply for and secure work with York Township is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the Township’s service, whenever it is discovered.

I expressly authorize, without reservation, the Township, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Township, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Township does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the Township and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Township reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Township is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President of the York Township Board of Commissioners.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

- - Township Use Only - -

Interviewed By:		Date
Position	Department	
Start Date	Rate	Hours