

GREENE TOWNSHIP BOARD OF SUPERVISORS EMPLOYMENT APPLICATION

To Applicant:

Thank you for your interest in pursuing career opportunities with Greene Township Board of Supervisors. A clear understanding of your background, education and employment history will enable us to best evaluate your qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment on the basis of race, color, sex, age, religion, ancestry, national origin, political beliefs, sexual orientation, marital status, veteran status or handicap.

PERSONAL INFORMATION

PLEASE FILL OUT IN DETAIL

Name: (Last, First, Middle)

E-Mail Address:

Date:

Address: (Street, City, State, ZIP Code)

Home Phone Number:
()

Position(s) Applied for:

Available for/Hours Preferred:
 Full Time Part Time Day
 Evg. Night

Salary Range Requested:

- 1.
- 2.
- 3.

Date Available to Start:

Work Phone Number:
()

How Long at Present Address? _____ If less than 1 year, indicate previous address:

How were you referred to Greene Township: Advertisement School (name):

Friend/Relative (name):

Other:

EDUCATION

PLEASE FILL OUT IN DETAIL

High School: (Name and Location)

Program/Major:

Did you Graduate? Yes

GED

No

Years Completed:

Higher Education: (Name and Location)

Program/Major:

Did you Graduate? Yes

No

Years Completed:

Higher Education: (Name and Location)

Program/Major:

Did you Graduate? Yes

No

Years Completed:

**GREENE TOWNSHIP BOARD OF SUPERVISORS
EMPLOYMENT APPLICATION**

Professional Certification/Registration/License No.: _____ State: ____ Exp. Date: _____

Driver's License No.: _____ State: ____ Exp. Date: _____ Currently Valid? Yes No
CDL? Yes No

If applicable to this position: Has your driver's license ever been revoked or suspended? Yes No
If Yes, Explain:

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1. Are you legally eligible for employment in the United States of America? Yes No
 2. Do you object to taking a physical examination, drug and/or alcohol testing? Yes No
 3. Do you object to working weekends or holidays if the job requires it? Yes No
 4. Have you previously applied for employment with Greene Township? Yes No
 5. Were you previously employed by Greene Township? Yes No If Yes, indicate dates:

6. Have you ever been disciplined for attendance problem? Yes No If Yes, explain:

7. Have you ever been discharged/fired from any position? Yes No If Yes, explain:

8. Can you speak, read and/or write any language other than English? Yes No
What Language?

9. Do you require any special accommodations for an interview? Yes No If Yes, explain:

Applicant Information

Employment History

Are you currently employed? Y or N If you are currently employed, may we contact your current employer? Y or N

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Employer: _____ Business Type: _____
Name of Supervisor: _____ Phone: _____
Address: _____ City,State,Zip: _____
Length of Employment (include dates): _____
Position & Duties: _____
Reason for Leaving: _____
Salary (Hourly Rate/Yearly Income): _____
May we contact this employer for references? Y or N

Employer: _____ Business Type: _____
Name of Supervisor: _____ Phone: _____
Address: _____ City,State,Zip: _____
Length of Employment (include dates): _____
Position & Duties: _____
Reason for Leaving: _____
Salary (Hourly Rate/Yearly Income): _____
May we contact this employer for references? Y or N

Employer: _____ Business Type: _____
Name of Supervisor: _____ Phone: _____
Address: _____ City,State,Zip: _____
Length of Employment (include dates): _____
Position & Duties: _____
Reason for Leaving: _____
Salary (Hourly Rate/Yearly Income): _____
May we contact this employer for references? Y or N

References

List below three (3) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name (First, Last): _____
Address: _____ City,State,Zip: _____
Telephone Number: _____ Occupation: _____
Number of years acquainted: _____

Name (First, Last): _____
Address: _____ City,State,Zip: _____
Telephone Number: _____ Occupation: _____
Number of years acquainted: _____

Name (First, Last): _____
Address: _____ City,State,Zip: _____
Telephone Number: _____ Occupation: _____
Number of years acquainted: _____