



**ALSACE TOWNSHIP
65 WOODSIDE AVENUE
TEMPLE, PA 19560**

PHONE: 610-929-5324

FAX: 610-921-0977

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS & ALCOHOL, CRIMINAL & CHILD ABUSE BACKGROUND CHECKS

Please print all information except signature

PERSONAL INFORMATION:

DATE: _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Home Phone # _____ Cell Phone #: _____ Social Security # _____-_____-_____

State name and relationship of anyone who works for Alsace Township: _____

Are you legally eligible for employment in this country? _____Yes _____No

For insurance purposes, are you age 23 or older? _____Yes _____No

EMPLOYMENT DESIRED:

Position applied for: _____ Date you can start: _____ Salary desired: _____

Are you currently employed? _____ If so, may we contact your current employer? _____

Employment desired: _____ Full-time only _____ Part-time only _____ Full or Part-time

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS CORRESPONDENCE SCHOOL				

GENERAL INFORMATION:

Special Skills: _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITARY RESERVE? _____Yes _____No

HAVE YOU EVER PLED GUILTY OR NO CONTEST TO, OR BEEN CONVICTED OF A CRIME? IF YES, PLEASE PROVIDE DATE(S) AND DETAILS: _____ Yes _____ No

"A conviction will not necessarily disqualify you from the job for which you have applied."

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ Yes _____ No

Driver's license # _____ State of issue _____ CLASS _____ A _____ B _____ C

Expiration Date _____ If CDL, Medical Card Expiration Date _____

Have you had any vehicular accidents during the past three years? _____ Yes _____ No

If Yes, How many? _____ # of Points _____

Have you had any vehicular moving violations during the past three years? _____ Yes _____ No

If Yes, How many? _____ # of Points _____

FORMER EMPLOYERS: (list below last three employers, starting with last one first)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				

REFERENCES: (give the names of three persons not related to you, whom you have known at least one year).

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE #

PLEASE READ THE FOLLOWING BEFORE SIGNING:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is temporary for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause".

DATE: _____ SIGNATURE: _____



APPLICANT **DO NOT** WRITE BELOW THIS LINE

OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: _____ POSITION: _____ START DATE: _____ SALARY: _____

APPROVALS: 1. _____ 2. _____ 3. _____
SUPERVISOR SUPERVISOR SUPERVISOR