

Application for Part Time Employment

(Please print)

Position(s) applied for _____

Date of application ___/___/___

Name _____

Address _____
(STREET, CITY, STATE, ZIP CODE)

Telephone#() _____ Cell Phone#() _____

Date available for work.....___/___/___

Are you able to meet the attendance requirements of the position? (YES) (NO)

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony?(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 DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

EMPLOYMENT HISTORY

Provide the following information of your past three [3] employers, including military or volunteer activities, starting with the most recent.

Employer _____

Dates Employed (From/To) _____

Address/Phone Number _____

Hourly Rate/Salary _____

Employer _____

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Address/Phone Number _____

Hourly Rate/Salary _____

Employer _____

Dates Employed (From/To) _____

Address/Phone Number _____

Hourly Rate/Salary _____

Skills and Qualifications

Summarize any 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. Include such items as machines you can operate, computer programs with which you are familiar, and any other specialized knowledge, skills or abilities you possess which would increase your value to the Township.

Educational Background (if job related)

NAME AND LOCATION, NUMBER OF YEARS, DID YOU GRADUATE, COURSE OF STUDY COMPLETED
HIGH SCHOOL _____

COLLEGE _____

OTHER(S) _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, and correct, I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be complete. Sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, 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 employer, 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 employer 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 6 months. At the conclusion of that time, if I have not heard from the employer 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 employer 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 employer 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 employer's authorized representative. I consent to all medical examinations and drug and alcohol testing which may be required and conducted in accordance with applicable law, both during the selection process for hiring and, if I am hired, throughout employment.

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 ____/____/____