



Township of Eagleswood EMPLOYMENT APPLICATION

Date: ____/____/____

Applicant Information:

Full Name (Last, First, Middle): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____)_____-_____ Home Phone: (_____)_____-_____

Social Security Number will be required at time of hire. Email: _____

Position Applied For: _____

Have you applied to the (local unit type) before? No Yes (If "Yes" please provide date ____/____/____)

Available Start Date: ____/____/____ Desired Salary: \$_____ per Hour / Year

Work Availability: Full Time Part Time Shift Work Temporary

May we contact your current employer? Yes No

Are you currently on layoff status and subject to recall? Yes No

Do you possess a current diver's license? Yes No

Do you possess a current commercial driver's license? Yes No

If you are under the age of eighteen, can you provide proof of eligibility to work? Yes No

Are you legally eligible to work in the United States of America? Yes No

(Pursuant to Federal Law, proof of US Citizenship or Immigration Status will be required if you are hired.)

Please list any endorsements/additional relevant comments: _____

Eagleswood Township is an Equal Opportunity Employer M/F

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Comments:		
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Comments:		
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Comments:		
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Comments:		
Job Title:			
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Circle)	Graduated: (Circle)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with Eagleswood Township, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Eagleswood Township Committee later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Eagleswood Township Committee the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Eagleswood Township Committee the right to secure additional job-related information about me. I release the Eagleswood Township Committee and its representatives from all liability for seeking such information. I understand that Eagleswood Township is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Eagleswood Township Committee will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Eagleswood Township Committee may terminate me at any time in accordance with its established policies and procedures. No representatives of the Eagleswood Township may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

Voluntary Affirmative Action Information

You are **not** required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

Applicant Information:

Name: _____

Address: _____

City/town: _____

Phone: () _____

Position Applied For: _____

How did you learn about this position? Advertisement Employment Agency
 Friend Relative Walk-in Other (Explain) _____

Information Regarding Status:

Gender:

Male

Female

Equal Employment Opportunity identification groups:

White

African-American (non-Hispanic)

Hispanic

American Indian/Alaskan native

Asian/Pacific Islander

Other _____

Other protected Groups:

Individual with a disability

Vietnam-era veteran (served between 1964 and 1975)

Disabled veteran

For Eagleswood Township use only

Hired: Yes No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

1. Officials and Managers

4. Office/clerical workers

6. Operators(semi-skilled)

2. Professionals

5. Supervisors

7. Laborers (unskilled)

3. Certified Statutory Employee

Eagleswood Township Official _____

Date _____

This page for Eagleswood Twp. use only!
Results of interview

Interviewer: _____

Date: _____ **Time:** _____