



Date of Application: _____

FALLS TOWNSHIP

APPLICATION OF EMPLOYMENT

Falls Township is an Equal Opportunity Employer/Affirmative Action Employer.

Applicants are considered for employment with Falls Township without regard to their race, color, religion, national origin, age, sex, gender, pregnancy, disability, sexual orientation, gender or genetic information. All applicable laws regarding military and veteran status will be followed.

EMPLOYMENT DESIRED:

Position applying for: _____

Available start date: _____ Full-Time: Part-Time:

How did you learn of this employment opportunity: _____

Salary requirements: _____

PERSONAL INFORMATION:

Name: _____
(Last) (First) (Middle)

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

EDUCATION:

| Name & Location | Yrs. Attended | Did you Graduate? | Degree/Major: |
|--|---------------|--|---------------|
| High School: _____ | _____ | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | _____ |
| College: _____ | _____ | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | _____ |
| Graduate School: _____ | _____ | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | _____ |
| Bus./Trade School: _____ | _____ | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | _____ |
| Certifications/specialized training: _____ | | | |
| _____ | | | |
| _____ | | | |

EMPLOYMENT HISTORY:

Please list your last three (3) jobs starting with your most current, and all others in descending order. Please ensure that you list all employment, including any military service. If additional space is required, please list any other positions held on an 8 1/2 x 11 sheet, and attach it to your application.

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your employer: Yes: No: (If not, please explain): _____
Job Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your employer: Yes: No: (If not, please explain): _____
Job Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your employer: Yes: No: (If not, please explain): _____
Job Responsibilities: _____

Military Service:

Branch of Service: _____ From: _____ To: _____
Type of Discharge: _____ Date of Discharge: _____
Rank/Grade: _____ Principal Duties: _____

References:

Please list at least three (3) professional references; two (2) of which must be designated as work related references, preferably a current or former supervisor(s).

Name/Title: _____ Telephone: _____
Company: _____

Name/Title: _____ Telephone: _____
Company: _____
Address: _____

Name/Title: _____ Telephone: _____
Company: _____
Address: _____

BACKGROUND QUESTIONNAIRE:

1. Have you ever worked for Falls Township before? Yes: No: If so, when: _____
2. Are you able to perform the essential functions for the job in which you are applying: Yes: No:
3. If no to #2, are you able to perform the essential functions of the job in which you are applying for with or without a reasonable accommodation Yes: No:
4. Are you lawfully permitted to work in the United States: Yes: No:
5. Are you 18 years of age or over: Yes: No:
6. Have you ever been convicted of a felony or misdemeanor: Yes: No: If yes, please explain:
(Note: A felony and/or misdemeanor conviction will only be considered to the extent the conviction relates to the applicant's suitability for the position applied for.)

CONSENT:

I hereby authorize investigation of all statements contained in this employment application and authorize Falls Township to perform a background check. With the submission of this application, I certify that all statements herein are true and correct to the best of my knowledge and belief. Any misrepresentation or omissions on this application may be cause for rejection of my application, and/or that if hired, I may be released from employment with Falls Township.

I understand that all employees of Falls Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without cause. Employees covered by a collective bargaining agreement will be governed by the terms and conditions of the contract. No employee or representative of the Township has the authority to enter into any agreement specifying the duration of employment or abrogating an employee's at-will employment status. I understand that this application is not intended to confer any contractual right or obligation to any party and that the Township reserves the right to change any practice, policy, or procedure with or without notice, at its sole discretion.

I hereby understand that any offer of employment is contingent on the results of a successful background check and pre-employment drug screen. Confirmed positive drug/alcohol test results will automatically disqualify an applicant from employment with Falls Township. Applicants applying for employment under 18 years of age must have parental consent.

Applicant Signature: _____ Date: _____

