# Application For Employment

#### LONDONDERRY TOWNSHIP

783 S. Geyers Church Rd Middletown, PA 17057 (717) 944-1803 or fax (717) 944-1926

#### AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without discrimination with regard to race, religion, national origin, sex, age, marital status, veteran status, or the presence of a non-job related medical condition or disability.

(Please Print or Type)

Name				
Last	First	М	iddle	
Address				
No. S	treet	City	State	Zip
elephone Number (Home)	(Work)		(Cell)	
mail Address				
I prefer to be contacted by: (Plea	se check only one) 🔲 Hon	ne Phone 🔲 Cell P	hone 🗌 Work Pt	none 🗌 Email
f you are under 18, can you furn	ish a work permit?	Yes No		
are you legally eligible for emplo Proof of US Citizenship or immig	· -			
Answer the following question o	nly after reviewing a desc	ription of the job f	or which you are	applying.
Position(s) applied for 1.		2		
ype of employment desired? _	Full-time Pa	rt-timeTen	nporaryS	easonal
Vere you employed by us before	e? Yes No			
f yes, when?	On what date would	l you be available f	or work?	
(M/D/Y)				(M/D/Y)

### **Education**

	High School			College				Vocational School	
Years Completed	9	10	11	12	1	2	3	4	
Name & Address									
Major Course of Study									
Diploma/Degree				_					·

## **Employment Experience**

List all present and past employment, beginning with the most recent. If more space is needed, please continue on a separate sheet.

Job Title	
Date of Employment- From (Mo.\Yr.)	
Supervisor's Name	
Starting Salary	
Work Performed	
	·
Reason for Leaving	
Reason for Leaving	
Name and Address of Employer	
Name and Address of Employer	
Name and Address of Employer	To (Mo.\Yr.)
Name and Address of Employer lob Title Date of Employment- From (Mo.\Yr.)	To (Mo.\Yr.)
Name and Address of Employer lob Title Date of Employment- From (Mo.\Yr.) Supervisor's Name Starting Salary	To (Mo.\Yr.)Ending Salary
Name and Address of Employer  Job Title  Date of Employment- From (Mo.\Yr.)  Supervisor's Name  Starting Salary  Work Performed	To (Mo.\Yr.)Ending Salary
Name and Address of Employer  Iob Title  Date of Employment- From (Mo.\Yr.)  Supervisor's Name  Starting Salary  Work Performed	To (Mo.\Yr.)Ending Salary
Name and Address of Employer  Job Title  Date of Employment- From (Mo.\Yr.)  Supervisor's Name  Starting Salary  Work Performed	To (Mo.\Yr.) Ending Salary

3.	Name and Address of Employer							
	Job Title							
				Yr.)				
	Supervisor's Name							
				160				
	Work Performed		,					
			<del>,</del>					
			-	,,	<b></b>			
	Reason for Leaving	<u>.</u> .						
4.	Name and Address of En	ıployer						
	Job Title							
				Yr.)				
	Supervisor's Name							
	Reason for Leaving							
Ma	ay we contact the employ	ers or educational in	stitutions listed above?	Yes No				
lf r	no, indicate the employer	s or educational insti	tutions you do not wish ι	us to contact.				
	······································	<del></del>						
		<u>Ref</u> e	erences					
List	three persons, not related	to you, who have know	ledge of your qualifications	for the position for				
wh	ich you are applying. Do not	repeat names of supe	rvisors listed under employr	ment record.				
1								
1	Name	Address	Phone No.	Occupation				
				•				
2								
	Name	Address	Phone No.	Occupation				
3	<u> </u>							
	Name	Address	Phone No.	Occupation				

## <u>Miscellaneous</u>

Were you ever convicted of a felony? Yes N	0
If yes, please explain when, where and the charge	
(NOTE: Conviction will not necessarily disqualify an applica	nt for employment.)
Physical examinations, drug testing or other types of pre-eacondition of employment.	mployment testing may be required as a
Applicants are invited to attach additional information to tl Township in evaluating potential employment.	nis application that will assist Londonderry
Thank you for your interest in employr	nent with Londonderry Township.
Please Read and	d Sign Below
I hereby certify that the answers on this application are tru-	e and correct and that I understand my
misrepresentation or omission of facts on my part will be ju	stification for separation, if employed.
l authorize the companies, schools or persons, excluding th	ose listed on page three, to provide
information regarding my employment or education. I will rapproved by me accountable concerning their reference.	not hold Londonderry Township, or anyone
<del>-</del>	
SIGNATURE	DATE