

BENEZETTE TOWNSHIP EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
LAST NAME	FIRST NAME & MIDDLE INITIAL	SSN	DATE OF BIRTH
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Are you 18 or older? Y or N		Are you legally eligible to work in the U.S? Y or N	
Convicted of a felony? Y or N		If yes, please explain.	

POSITION AVAILABLE			
What position are you applying for?			
How did you learn of the position available?			
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE
Full Time / Part Time / Temp			

EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE EARNED
OTHER / APPLICABLE TRAINING			
APPLICABLE SKILLS / PROFICIENCIES			

REFERENCES

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY

EMPLOYER NAME	POSITION HELD	START DATE	END DATE

MAILING ADDRESS

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SUPERVISOR NAME	PHONE	EMAIL ADDRESS

STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

EMPLOYER NAME	POSITION HELD	START DATE	END DATE

MAILING ADDRESS

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SUPERVISOR NAME	PHONE	EMAIL ADDRESS

STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

SIGNATURE

PRINTED NAME	SIGNATURE	DATE