



**Seasonal and/or Temporary
Application for Employment
(Please print or type)**

Date of Application: _____

Position Desired: _____

Desired Salary: _____

Date Available _____

If Part Time, specify days and hours per week available: _____

Are you currently on "lay-off" or furlough status and subject to recall? [] Yes [] No

Do you have transportation to and from work? [] Yes [] No

PERSONAL DATA

Name _____ Social Security Number _____
(Last) (First) (Middle)

Address _____
(Number and Street) (City) (State) (Zip Code)

Have you ever been known by any other names? If yes, please list the names.

Phone Number(s) where you can be reached: _____

Are you at least (15) years of age? [] Yes [] No

(If you are not 18 years old please, state your date of birth. If you are not 18 years old can you provide required proof of your eligibility to work, if applicable? [] Yes [] No

Are you a citizen of the United States or otherwise authorized to work in the United States? [] Yes [] No

Successful applicants are required to verify citizenship or authorization to work in the United States, as well as to provide documentation of the identify and employment eligibility prior to starting employment as required by the Immigration Reform and Control Act of 1986.

EDUCATION AND TRAINING

High School _____

Address _____

Degree or Equivalency _____ Major Studies _____

Business or Trade School _____

Address _____

Degree or Equivalency _____ Major Studies _____

College _____

Address _____

Degree or Equivalency _____ Major Studies _____

Do you possess a Commercial Driver's License? _____ If so, what class? _____

Special Qualifications: include technical and professional licenses, academic and professional awards etc. that are relevant to the position you are applying for.

MILITARY

Have you ever served in the U.S. Armed Forces (including the U.S. Reserves or State Guard Organization)?

Yes No If yes, complete the following:

Rank/grade and service number: _____

Service or Component: _____

Organization and Station or Unit and address: _____

Current Status: _____

Do you claim Veteran's Preference? Yes No

If yes, attach a copy of your discharge papers or separation papers (DD Form 214), if any.

While in military service were you ever convicted of a crime graded as misdemeanor or felony? Yes No

If yes, please provide the type of court or court martial, charge or action taken for each incident.

List duties performed in service _____

Military Awards _____

EMPLOYMENT RECORD

Have you ever been employed by Halfmoon Township? If yes please list dates _____

List all present and past employment beginning with most recent first.

Last or Present Employer _____ From _____ To _____

Address _____

Type of Business _____

Phone _____ Salary _____

(Area Code) (Number)

(Starting)

(Last)

Name and Title of Supervisor _____

Your Job Title _____ Reason for leaving _____

Briefly describe the nature and duties of your position: _____

Employers Name _____ From _____ To _____

Address _____

Employers Name _____ From _____ To _____

Address _____

Type of Business _____

Phone _____ Salary _____

(Area Code) (Number)

(Starting)

(Last)

Name and Title of Supervisor _____

Your Job Title _____ Reason for leaving _____

Briefly describe the nature and duties of your position: _____

Employers Name _____ From _____ To _____

Address _____

Type of Business _____

Phone _____ Salary _____

(Area Code) (Number)

(Starting)

(Last)

Name and Title of Supervisor _____

Your Job Title _____ Reason for leaving _____

Briefly describe the nature and duties of your position: _____

Employers Name _____ From _____ To _____

Address _____

Type of Business _____

Phone _____ Salary _____

(Area Code) (Number)

(Starting)

(Last)

Name and Title of Supervisor _____

Your Job Title _____ Reason for leaving _____

Briefly describe the nature and duties of your position: _____

May we contact your present employer? _____ If yes, give details in space provided _____

Have you ever been convicted of or entered a plea of guilty or not contest to any felony or misdemeanor? If yes, give details below in space provided (Excluding minor traffic violations) (Criminal record will not necessarily exclude you from employment) [] Yes [] No

If employed, what length of time do you expect to reside in the area? _____

REFERENCES

Do not list relatives, only persons who can provide employment, education or character references.

Name _____ Occupation _____

Address _____

Phone (Home) _____ (Office) _____

Name _____ Occupation _____

Address _____

Phone (Home) _____ (Office) _____

Name _____ Occupation _____

Address _____

Phone (Home) _____ (Office) _____

Use this space to describe your interest in the position, to summarize any additional information necessary to describe your full qualifications, and to explain answers to previous questions as noted above.

PUBLIC WORKS DEPARTMENT APPLICANTS ONLY

Do you have a Pennsylvania Drivers License? [] Yes [] No

Have you had any past experience in driving a truck? Yes No

If yes, state experience and type of truck _____

Have you had any past experience in driving or operating heavy equipment? Yes No

If yes, state experience and type of equipment _____

Are you willing to work odd hours, for example 2 a.m. to 10 a.m.? Yes No

Will you be available at any hour for emergency work? Yes No

Can you be conveniently reached by telephone? Yes No

How many miles do you live from Stormstown? _____

Do you understand that this job requires outside work in all kinds of weather, such as rain, snow, sleet as well as hot and cold weather? Yes No

Are you willing to perform all types of physical labor including pick and shovel work, sewer cleaning, snow removal, etc.? Yes No

If you have been provided a job description, are you able to perform the essential functions of the job with or without accommodations? Yes No

I authorize the Township to investigate my work, criminal and personal history and verify all data given on this application, or related papers or in interviews. I authorize all individuals and employers named herein (except my current employer if so noted) to provide any information requested about me, and I release them from all liability for damages in providing this information. I certify that answers given herein are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that an offer of employment may be contingent upon satisfactory completion of a pre-employment physical examination, which shall be considered only in compliance with the Federal Rehabilitation Act and the Pennsylvania Human Relations Act, and that any information received from such an examination shall be considered by the employer to be a confidential medical record and treated as such.

I understand that this employment application shall be considered valid for a period of time not to exceed ninety (90) days. If I still desire a position with Halfmoon Township after this employment application expires, it will be my duty to complete a new employment application and file it with the Township. I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. (The Employer does not make employment decisions, including hiring, promotion, discipline or termination based on race, color, religion, gender, national origin, age, disability, marital status or in retaliation for making an employment discrimination claim or utilizing statutorily protected or case law protected rights .) In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and expectations that Halfmoon Township has for its employees.

Signature of Applicant _____ Date _____

**THANK YOU FOR APPLYING FOR EMPLOYMENT
WITH HALFMOON TOWNSHIP**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER