



HALFMOON TOWNSHIP

1948 Halfmoon Valley Road • Port Matilda, Pennsylvania 16870
Telephone: 814-692-9800 • Fax: 814-692-7585

APPLICATION FOR EMPLOYMENT

(Please print or type)

Date _____

Position Desired _____ Minimum Acceptable Salary _____

Date Available _____ Full Time _____ or Part Time _____

If Part Time specify days and hours per week available _____

PERSONAL DATA

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

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

Is any additional information relative to your name necessary to enable a check on your work record? If yes, please explain.

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

Are you at least 21 years of age? (If no, state date of birth ____/____/____)

Documentation of identity and employment eligibility will be required prior to starting employment as required by the Immigration Reform and Control Act of 1986.

EDUCATION AND TRAINING

<i>School</i>	<i>Name and Address</i>	<i>Did you Graduate</i>	<i>Degree</i>	<i>Major Studies</i>
High School	_____	_____	_____	_____
Business or Trade	_____	_____	_____	_____
College	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

Special Qualifications: include technical and professional licenses, academic and professional awards etc.

MILITARY

Are you a veteran? _____ Branch of Service _____

Dates of Service from _____ to _____

Type of Discharge _____ Rank at Discharge _____

List duties performed in service _____

Military Awards _____

EMPLOYMENT RECORD

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 _____ 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? _____

Have you ever been dismissed or asked to resign from any position? _____

If yes, give details in space provided on page 3.

UNEMPLOYMENT RECORD

Account for periods of unemployment of one month duration or more in the past 5 years.

From Month	Year	To Month	Year	Reason for Unemployment

Have you ever been convicted of any felony or misdemeanor in a court of law? _____ If yes, give details below in space provided (Excluding minor traffic violations) (Criminal record will not necessarily exclude you from employment)

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

REFERENCES

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

Name _____	Occupation _____
Address _____	Home _____
_____	Phone (Area Code) (Number) _____
_____	Office (Area Code) (Number) _____
Name _____	Occupation _____
Address _____	Home _____
_____	Phone (Area Code) (Number) _____
_____	Office (Area Code) (Number) _____
Name _____	Occupation _____
Address _____	Home _____
_____	Phone (Area Code) (Number) _____
_____	Office (Area Code) (Number) _____

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.

(continued on page 4)

PUBLIC WORKS DEPARTMENT APPLICANTS ONLY

Do you have a Pennsylvania Drivers License? Yes ___ No ___ If yes, state class _____ CDL License _____

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 heavy equipment 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 ___

Do you have a reliable means of transportation to place of employment regardless of the time of day? Yes ___ No ___

How many miles do you live from State College? _____

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 ___

OFFICE/CLERICAL APPLICANTS ONLY

Calculator _____ Shorthand _____ wpm Dictating Machine _____

Typing _____ wpm Switch Board _____ Duplication Machine _____

Computer, data entry, etc. _____

Other (specify) _____

The facts set forth in this application for employment 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 also understand that to qualify for employment, I may be subject to a background investigation. 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.

Signed: _____ Date _____