



# TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

## APPLICATION FOR EMPLOYMENT

*(Please print or type)*

Date: _____	
Position Desired: _____	Minimum Acceptable Salary: _____
Date Available: _____	Full Time: _____ Part Time: _____
If Part Time specify days and hours per week available: _____	

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
(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

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

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

### MILITARY



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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: (Starting): \_\_\_\_\_ (Last): \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_  
\_\_\_\_\_

Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Phone: \_\_\_\_\_ Salary: (Starting): \_\_\_\_\_ (Last): \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Briefly describe the nature and duties of your position: \_\_\_\_\_  
\_\_\_\_\_

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Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_



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Phone: \_\_\_\_\_ Salary: (Starting): \_\_\_\_\_ (Last): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe the nature and duties of your position: \_\_\_\_\_

Employer Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Salary: (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, please provide details: \_\_\_\_\_

## UNEMPLOYMENT RECORD

Account for period of unemployment of one month duration or more in the past 5 years. (Attach extra sheet if necessary.)

Month	From	Year	Month	To	Year	Reason for Unemployment
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## CRIMINAL HISTORY

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



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## REFERENCES

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

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## OTHER QUALIFICATIONS

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.

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## PUBLIC WORKS DEPARTMENT APPLICANTS ONLY

Do you have a Pennsylvania Drivers License? \_\_\_\_\_ If yes, state class \_\_\_\_\_ CDL License: \_\_\_\_\_



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Have you had any experience in driving a truck? \_\_\_\_\_

If yes, state experience and type of truck: \_\_\_\_\_

Have you had any experience in driving heavy equipment or operating heavy equipment? \_\_\_\_\_

If yes, state experience and type of equipment: \_\_\_\_\_

Are you willing to work odd hours, for example 2 a.m. to 10 a.m.? \_\_\_\_\_

Will you be available at any hour for emergency work? \_\_\_\_\_

Can you be conveniently reached by telephone? \_\_\_\_\_

Do you have a reliable means of transportation to place of employment regardless of the time of day? \_\_\_\_\_

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? \_\_\_\_\_

Are you willing to preform all types of physical labor including pick and shovel work, sewer cleaning, snow removal, etc.? \_\_\_\_\_

## 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: \_\_\_\_\_