



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

PLEASE ANSWER ALL QUESTIONS. RESUMES ARE NOT A SUBSTITUTE FOR A COMPLETED APPLICATION.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO VETERAN STATUS, UNIFORMED SERVICE MEMBER STATUS, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, GENETIC INFORMATION OR ANY OTHER CATEGORY PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS.

POSITION APPLIED FOR: _____

NAME _____

TELEPHONE NUMBER () _____ CELL PHONE NUMBER () _____

PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG HAVE YOU LIVED THERE _____ (YEARS/MONTHS) EMAIL ADDRESS (OPTIONAL) _____

DESIRED SALARY/HOURLY RATE _____

IF UNDER THE AGE OF 18, CAN YOU PRODUCE THE NECESSARY WORK CERTIFICATE AT THE TIME OF EMPLOYMENT? YES NO

TYPE OF EMPLOYMENT DESIRED? FULL-TIME PART-TIME (SPECIFY HOURS) _____

ARE YOU WILLING TO WORK OVERTIME? YES NO DATE ON WHICH YOU CAN START WORK IF HIRED _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THIS TOWNSHIP? YES NO

IF YES, DATE YOU APPLIED? _____

HAVE YOU EVER BEEN EMPLOYED BY THIS TOWNSHIP? YES NO

IF YES, PROVIDE DATES OF EMPLOYMENT AND REASON FOR SEPARATION FROM EMPLOYMENT _____

IF APPLICABLE, BELOW LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND EDUCATIONAL RECORD. FOR EXAMPLE, CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.

EDUCATION	SCHOOL NAME AND LOCATION (ADDRESS, CITY, STATE)	COURSE OF STUDY	GRADUATE? Y OR N	# OF YEARS COMPLETED	DEGREE/MAJOR
HIGH SCHOOL					
COLLEGE					
BUSINESS/TECHNICAL/ TRADE OR POST COLLEGE					

HONORS RECEIVED _____

SKILLS AND TRAINING

Please list all applicable skills and training received.

WORK EXPERIENCE

PLEASE LIST THE NAMES OF YOUR PRESENT AND/OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR MOST RECENT EMPLOYER LISTED FIRST. PROVIDE INFORMATION FOR AT LEAST THE MOST RECENT TEN (10) YEAR PERIOD. ATTACH ADDITIONAL SHEETS IF NEEDED. IF SELF-EMPLOYED, SUPPLY FIRM NAME AND BUSINESS REFERENCES. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS, INTERNSHIPS, OR MILITARY SERVICE. YOUR FAILURE TO COMPLETELY RESPOND TO EACH INQUIRY MAY DISQUALIFY YOU FOR CONSIDERATION FROM EMPLOYMENT. DO NOT ANSWER "SEE RESUME."

EMPLOYER NAME _____ **ADDRESS** _____ **TYPE OF BUSINESS** _____

TELEPHONE _____ **DATES EMPLOYED FROM** _____ **To** _____

JOB TITLE _____ **DUTIES** _____

SUPERVISOR'S NAME _____ **MAY WE CONTACT? YES NO IF NO, WHY NOT?** _____

REASON FOR LEAVING _____

What will this employer say was the reason your employment terminated? _____
Were you ever disciplined? If so, for what? _____
How much notice did you give when resigning? If none, explain: _____

EMPLOYER NAME _____ **ADDRESS** _____ **TYPE OF BUSINESS** _____

TELEPHONE _____ **DATES EMPLOYED FROM** _____ **To** _____

JOB TITLE _____ **DUTIES** _____

SUPERVISOR'S NAME _____ **MAY WE CONTACT? YES NO IF NO, WHY NOT?** _____

REASON FOR LEAVING _____

What will this employer say was the reason your employment terminated? _____
Were you ever disciplined? If so, for what? _____
How much notice did you give when resigning? If none, explain: _____

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____
Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____
If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

PLEASE LIST THE NAMES OF ADDITIONAL WORK-RELATED REFERENCES WE MAY CONTACT. INDIVIDUALS WITH NO PRIOR WORK EXPERIENCE MAY LIST SCHOOL OR VOLUNTEER-RELATED REFERENCES.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

PLEASE LIST THE NAMES OF PERSONAL REFERENCES (NOT PREVIOUS EMPLOYERS/RELATIVES) WHO KNOW YOU THAT WE MAY CONTACT.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

DRIVING INFORMATION - Optional (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? If Yes, License# _____ State ___ Expiration _____

If you do not have a driver's license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? If Yes, why? _____

Do you have personal automobile insurance? Yes No

Have you ever been denied automobile insurance, or has it ever been terminated or suspended? If Yes, please explain: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Comments

APPLICANT CERTIFICATION

I UNDERSTAND AND AGREE THAT IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH I AM APPLYING, MY EMPLOYMENT AND/OR CONTINUED EMPLOYMENT IS CONTINGENT ON POSSESSING A VALID DRIVER'S LICENSE FOR THE STATE IN WHICH I RESIDE AND AUTOMOBILE LIABILITY INSURANCE IN AN AMOUNT EQUAL TO THE MINIMUM REQUIRED BY THE STATE WHERE I RESIDE.

I UNDERSTAND THAT THE TOWNSHIP MAY NOW HAVE, OR MAY ESTABLISH, A DRUG-FREE WORKPLACE OR DRUG AND/OR ALCOHOL TESTING PROGRAM CONSISTENT WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAW. IF THE TOWNSHIP HAS SUCH A PROGRAM AND I AM OFFERED A CONDITIONAL OFFER OF EMPLOYMENT, I UNDERSTAND THAT IF A PRE-EMPLOYMENT (POST-OFFER) DRUG AND/OR ALCOHOL TEST IS POSITIVE, THE EMPLOYMENT OFFER MAY BE WITHDRAWN. I AGREE TO WORK UNDER THE CONDITIONS REQUIRING A DRUG-FREE WORKPLACE, CONSISTENT WITH

APPLICABLE FEDERAL, STATE, AND LOCAL LAW. I ALSO UNDERSTAND THAT ALL EMPLOYEES OF THE LOCATION, PURSUANT TO THE TOWNSHIP'S POLICY AND FEDERAL, STATE, AND LOCAL LAW, MAY BE SUBJECT TO URINALYSIS AND/OR BLOOD SCREENING OR OTHER MEDICALLY RECOGNIZED TESTS DESIGNED TO DETECT THE PRESENCE OF ALCOHOL OR ILLEGAL OR CONTROLLED DRUGS. IF EMPLOYED, I UNDERSTAND THAT THE TAKING OF ALCOHOL AND/OR DRUG TESTS IS A CONDITION OF CONTINUAL EMPLOYMENT AND I AGREE TO UNDERGO ALCOHOL AND DRUG TESTING CONSISTENT WITH THE TOWNSHIP'S POLICIES AND APPLICABLE FEDERAL, STATE, AND LOCAL LAW.

IF EMPLOYED BY THE TOWNSHIP, I UNDERSTAND AND AGREE THAT THE TOWNSHIP, TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, MAY EXERCISE ITS RIGHT, WITHOUT PRIOR WARNING OR NOTICE, TO CONDUCT INVESTIGATIONS OF PROPERTY (INCLUDING, BUT NOT LIMITED TO, FILES, LOCKERS, DESKS, VEHICLES, AND COMPUTERS) AND, IN CERTAIN CIRCUMSTANCES, MY PERSONAL PROPERTY.

I UNDERSTAND AND AGREE THAT AS A CONDITION OF EMPLOYMENT AND TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, I MAY BE REQUIRED TO SIGN A CONFIDENTIALITY, RESTRICTIVE COVENANT, AND/OR CONFLICT OF INTEREST STATEMENT.

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION, MY RESUME, OR ANY SUPPORTING DOCUMENTS I MAY PRESENT DURING ANY INTERVIEW IS AND WILL BE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION, OR OMISSION OF ANY INFORMATION MAY RESULT IN DISQUALIFICATION FROM CONSIDERATION FOR EMPLOYMENT OR, IF EMPLOYED, DISCIPLINARY ACTION, UP TO AND INCLUDING IMMEDIATE DISMISSAL.

THIS TOWNSHIP IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION. IF HIRED, THE TOWNSHIP OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME. FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL. SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE TOWNSHIP IS AUTHORIZED TO ENTER INTO AN AGREEMENT- EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE TOWNSHIP.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWNSHIP. AND I UNDERSTAND THAT THE TOWNSHIP HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME. EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I AUTHORIZE THE TOWNSHIP OR ITS AGENTS TO CONFIRM ALL STATEMENTS CONTAINED IN THIS APPLICATION AND/OR RESUME AS IT RELATES TO THE POSITION I AM SEEKING TO THE EXTENT PERMITTED BY FEDERAL, STATE, OR LOCAL LAW. I AGREE TO COMPLETE ANY REQUISITE AUTHORIZATION FORMS FOR THE BACKGROUND INVESTIGATION WHICH MAY BE PERMITTED BY FEDERAL, STATE AND/OR LOCAL LAW. IF APPLICABLE AND ALLOWED BY LAW, I WILL RECEIVE SEPARATE WRITTEN NOTIFICATION REGARDING THE TOWNSHIP'S INTENT TO OBTAIN "CONSUMER REPORTS."

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE- MENTIONED INFORMATION. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS, TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, ANY PARTY DELIVERING INFORMATION TO THE TOWNSHIP OR ITS DULY AUTHORIZED REPRESENTATIVE PURSUANT TO THIS AUTHORIZATION FROM ANY LIABILITY, CLAIMS, CHARGES, OR CAUSES OF ACTION WHICH I MAY HAVE AS A RESULT OF THE DELIVERY OR DISCLOSURE OF THE ABOVE REQUESTED INFORMATION. I HEREBY RELEASE FROM LIABILITY THE TOWNSHIP AND ITS REPRESENTATIVE FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FURNISHING SUCH

INFORMATION. FURTHER, IF HIRED, I AUTHORIZE THE TOWNSHIP TO PROVIDE TRUTHFUL INFORMATION CONCERNING MY EMPLOYMENT TO FUTURE EMPLOYERS AND HOLD THE TOWNSHIP HARMLESS FOR PROVIDING SUCH INFORMATION.

IF HIRED BY THIS TOWNSHIP, I UNDERSTAND THAT I WILL BE REQUIRED TO PROVIDE GENUINE DOCUMENTATION ESTABLISHING MY IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES BY THIS TOWNSHIP. I ALSO UNDERSTAND THIS TOWNSHIP EMPLOYS ONLY INDIVIDUALS WHO ARE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THREE HUNDRED SIXTY FIVE (365) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

APPLICANT SIGNATURE _____ DATE _____

IF THE APPLICANT IS A MINOR, THE FOREGOING RELEASE AND CONSENT MUST BE SIGNED BY THE APPLICANT'S PARENT OR LEGAL GUARDIAN. SIGNATURE BY THE APPLICANT'S PARENT OR LEGAL GUARDIAN CONSTITUTES ACKNOWLEDGEMENT BY THE APPLICANT AND THE PARENT OR LEGAL GUARDIAN THAT THE TOWNSHIP, TO THE EXTENT PERMITTED BY FEDERAL, STATE, AND LOCAL LAW, CAN TEST THE APPLICANT FOR ILLEGAL OR CONTROLLED SUBSTANCES, CONDUCT INSPECTIONS OF PROPERTY WITHOUT NOTICE, AND COMMUNICATE TEST RESULTS TO TOWNSHIP PERSONNEL WHO NEED TO KNOW, THE APPLICANT, AND THE APPLICANT'S LEGAL GUARDIAN.

PARENT LEGAL GUARDIAN

WITNESS

DATE

DATE

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUITABLE FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

Date of Birth: _____
Month/Day/Year

Gender: Female _____ Male _____

Social Security Number: _____

Driver's License # _____

State of Driver's License _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

***This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.**

Yes _____ (provide detail at bottom of this page)

No _____

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with NORTH CORNWALL TOWNSHIP. By signing this document I hereby provide my authorization to NORTH CORNWALL TOWNSHIP to conduct a criminal background check.

Signature

Date