



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, or any other legally protected characteristic or protected activity.

PERSONAL INFORMATION Date _____ Social Security # _____

Name _____

Present Address _____

Permanent Address _____

Phone # _____ Referred By _____ Are you 18 years of age or older Yes No

EMPLOYMENT DESIRED

Position _____ Date you Can Start _____ Salary Desired _____

Are you employed now? Yes No if so, may we inquire of your Present Employer Yes No

Have you ever applied to Summit Township before? Yes No When? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degrees Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business, or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of special study or research work _____

Job related skills (typing, driver's license, CDL license, etc.) _____

Activities (civic, athletic, etc.) _____

You may exclude organizations, the name or character of which indicates the race, sex, color, or national origin of its members.

FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

REFERENCES List below three persons not related you, whom you have known at least one year.

Name	Address	Position	Years Acquainted

Have you ever pled “guilty” or “no contest” to, or been convicted of, a misdemeanor or felony criminal offense Yes No

If yes, please explain: _____

Has a report been filed against you under Pennsylvania’s Child Protective Services Act or comparable act of any other state which has been determined to be “indicated” or “founded” or otherwise substantiated? Yes No

If yes, please explain: _____

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company’s Drug and Alcohol Policy.

I understand that filling out this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date _____ Signature _____