

West Manheim Township
2412 Baltimore Pike
Hanover, Pa. 17331
Phone: 717-632-0320
Fax: 717-632-2499
www.westmanheimtwp.com



APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS/ALCOHOL

Please Print

West Manheim Township is an equal opportunity employer and considers all applicants for positions without regard to race, color, religion, sex, national origin, age marital or veteran status, the presence of a disability, or any other legally protected status.

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Present Address: _____
Street P.O. Box

City State Zip
Phone No.: _____ Cell No.: _____

Driver's License #: _____

CDL License #: _____ Class: _____ Restrictions: _____

If a job offer is made, can you provide evidence that you are legally authorized to work in the United States?
☐ YES ☐ NO

Have you ever been convicted of a felony in the past five (5) years? ☐ YES ☐ NO

Have you ever been convicted of a misdemeanor in the past five (5) years? ☐ YES ☐ NO

If you answered yes to either or both, please explain: _____

Are any of your relatives or spouse currently employed with the township? ☐ YES ☐ NO

EMPLOYMENT DESIRED

Position Applied For: _____

Salary desired: _____ Date You Can Start: _____

How did you learn about this position(s)?

☐ Newspaper ☐ Current Employee ☐ Other, Please Specify: _____

Are you currently employed? ☐ YES ☐ NO May we contact your present employer? ☐ YES ☐ NO

Are you available to work: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

EDUCATION/TRAINING

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED	DIPLOMA/ DEGREE RECV'D
HIGH SCHOOL			_____ TO _____	
COLLEGE			_____ TO _____	
OTHER (Trade, Business correspondence school)			_____ TO _____	

Please describe additional skills, training or experience (include technical and professional licenses, academic and professional awards, computer software experience, heavy equipment experience)

EMPLOYMENT HISTORY

Employer	Dates Employed From To		Work Performed/responsibilities
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed/responsibilities
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed From To		Work Performed/responsibilities
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title Supervisor			
Reason for Leaving			

REFERENCES (give the names of three persons not related to you, whom you have known at lease one year)

Name: _____

Address: _____
Street P.O. Box

City State Zip

Phone #: () _____ Cell #: () _____

Occupation: _____ Years Known: _____

Name: _____

Address: _____
Street P.O. Box

City State Zip

Phone #: () _____ Cell #: () _____

Occupation: _____ Years Known: _____

Name: _____

Address: _____
Street P.O. Box

City State Zip

Phone #: () _____ Cell #: () _____

Occupation: _____ Years Known: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is temporary for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

I understand that, if accepted for employment, it is necessary to abide by the rules and policies of **West Manheim Township**.

Date: _____ Signature: _____

Office Use Only

Interview Date: _____ *Interviewed By:* _____

Position Applied For: _____

Department: _____

☐ *Full Time* ☐ *Part Time* ☐ *Seasonal* ☐ *Temporary*

Date of Employment: _____

Job Title: _____

Hourly Rate: _____ *Annual Salary:* _____

Benefits: ☐ *Yes* ☐ *No*

Remarks: _____

By: _____ *Date:* _____
Name & Title