

Application for Employment

GENESEE TOWNSHIP
PO BOX 1
120 HICKOX ROAD
GENESEE PA 16923
TELEPHONE (814) 228-3366 & FAX (814) 228-3831
email: bosgeneseetwp@gmail.com

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex national origin, age, marital status, or non-job related disability.

Personal Information:

Name: _____ Date of Application: _____

Current Address: _____ City _____ State _____ Zip _____

Social Security # _____ Date of Birth: _____

Current Phone Number: _____

Employment History:

Name of Employer: _____ Phone: _____

Period of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Period of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer: _____ Phone: _____

Period of Employment: From _____ To _____

Reason for Leaving: _____

Education:

Circle Highest Grade Completed:

High School: 9 10 11 12

College: 1 2 3 4

Last School Attended: _____ City: _____

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Experience and Qualifications:

List Courses and Training other than shown elsewhere in this application: _____

Show any Trucking or Transportation experience that may help in your work for this company: _____

For CDL Applicants Only:

Driver's License Information:

State Issued: _____ License #: _____ Type: _____ Expires: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: _____

Has any license, permit, or privilege ever been suspended or revoked: _____

If the answer to either of the above is yes, please attach a statement giving details.

Accident Information:

Accident Date: _____ Nature of Accident: _____

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Traffic Conviction Information:

Date of Conviction: _____ Charge: _____ Penalty: _____

Date of Conviction: _____ Charge: _____ Penalty: _____

Date of Conviction: _____ Charge: _____ Penalty: _____

Driving Experience:

Class of Equipment

Type of Equipment

of Yrs Experience

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This certifies that this application was completed by me, and that all entries on it and information in it are true and compete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Township.

Date

Signature