GREENE TOWNSHIP BOARD OF SUPERVISORS EMPLOYMENT APPLICATION

To Applicant:

Thank you for your interest in pursuing career opportunities with Greene Township Board of Supervisors. A clear understanding of your background, education and employment history will enable us to best evaluate your qualifications. No question on this application is asked for the purpose of limiting or excluding any applicant from consideration for employment on the basis of race, color, sex, age, religion, ancestry, national origin, political beliefs, sexual orientation, marital status, veteran status or handicap.

PERSC	DNAL INFORMATION	PLEASE FILL OUT IN DETAIL		
Name: (Last, First, Mi	ddle)	E-Mail Addre	255:	Date:
Address: (Street, City,	State, 7IP Code)			Home Phone Number:
				()
				· · ·
Position(s) Applied for		ble for/Hours Pre		Salary Range Requested:
		Time []Part T	ime []Day	
1. 2.	[] Evg	g. [] Night		
3.	Date /	Available to Star	t:	Work Phone Number:
				()
How Long at Present	Address? If	less than 1 year, i	indicate previo	ous address:
How were you referre	d to Greene Township	[] Advertisem	ent [] Scho	ool (name):
[] Eriand/Delative (ne				or.
[] Friend/Relative (no	inte):		[] Oth	
EDUC	ATION	PLEA	SE FILL OUT I	N DETAIL
High School: (Name a	nd Location)			
Program/Major:	Did you Graduate?	[] Yes	GED []	
	,	[]	[]	
		[] No	# Years Co	mpleted:
Higher Education (No	ma and Location)			
Higher Education: (No	ame and Location)			
Program/Major:	Did you Graduate?	[] Yes		
		F 7		
		[] No	# Years Co	mpleted:
Higher Education: (No	me and Location)			
Program/Major:	Did you Graduate?	[] Yes		
		[] No	# Years Co	mplotod.
			# Years Cor	Ilpieted:

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Professional Certification/Reg	essional Certification/Registration/License No.: State:		State:	_ Exp. Date	:
Driver's License No.:	State:	Exp. Date:	Curren	tly Valid?	[] Yes [] No
CDL?					[] Yes [] No
If applicable to this position: Has your driver's license ever been revoked or suspended?					[]Yes []No
If Yes, Explain:					

1.	Are you legally eligible for employment in the United States of America?	[] Yes [] No
2.	Do you object to taking a physical examination, drug and/or alcohol testing?	[] Yes [] No
З.	Do you object to working weekends or holidays if the job requires it?	[] Yes [] No
4.	Have you previously applied for employment with Greene Township?	[] Yes [] No

- 5. Were you previously employed by Greene Township? [] Yes [] No If Yes, indicate dates:
- 6. Have you ever been disciplined for attendance problem? [] Yes [] No If Yes, explain:
- 7. Have you ever been discharged/fired from any position? [] Yes [] No If Yes, explain:
- 8. Can you speak, read and/or write any language other than English? [] Yes [] No What Language?
- 9. Do you require any special accommodations for an interview? [] Yes [] No If Yes, explain:
- 10. Do you object to Greene Township conducting a criminal background check? [] Yes [] No

I hereby verify that all statements made in this entire Application are true and correct to the best of my knowledge, information and belief.

Print Applicant Name

Signature of Applicant Name

Date

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Applicant Information

Employment History

Are you currently employed? [] Y or [] N If you are currently employed, may we contact your current employer? [] Y or [] N

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Employer:	Business Type:
Name of Supervisor:	Phone:
Name of Supervisor: Address:	City,State,Zip:
Length of Employment (include dates): _	
Position & Duties:	
Reason for Leaving:	
Salary (Hourly Rate/Yearly Income):	
May we contact this employer for referen	
Employer:	Business Type:
Name of Supervisor:Address:	Phone:
Address:	_City,State,Zip:
Length of Employment (include dates): _	
Position & Duties:	
Reason for Leaving:	
Salary (Hourly Rate/Yearly Income):	
May we contact this employer for referen	ces? []Y or []N
Employer:	Business Type:
Name of Supervisor:	Phone:
Address:	_City,State,Zip:
Length of Employment (include dates): _	
Position & Duties:	
Salary (Hourly Rate/Yearly Income):	
May we contact this employer for referen	

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Reference;

List below three (3) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name (First, Last):		
Address:	City,State,Zip:	
Telephone Number:	Occupation:	
Number of years acquainted:		
Name (First, Last):		
Address:	City,State,Zip:	
Telephone Number:		
Number of years acquainted:		
Name (First, Last):		
Address:	City,State,Zip:	
Telephone Number:	Occupation:	
Number of years acquainted:		