

REFERENCES: LIST AT LEAST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				

IF YOU ARE RELATED TO ANYONE EMPLOYED BY SPRING GARDEN TOWNSHIP LIST THEIR NAME(S) AND DEPARTMENT(S)

GENERAL INFORMATION

HAVE YOU EVEN BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? _____ YES _____ NO

IF YES, DESCRIBE _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO IF YES, LIST YOUR DRIVERS NUMBER _____

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL)? _____ YES _____ NO

ARE YOU OVER 18 YEARS OF AGE? _____ YES _____ NO

ARE YOU CERTIFIED IN _____ CPR _____ LIFE SAVING _____ FIRST AID _____ OTHER _____

U.S. MILITARY SERVICE

BRANCH _____ YEARS OF SERVICE _____ HIGHEST RANK ACHIEVED _____

DATE AND TYPE OF DISCHARGE OR SEPARATION _____

ARE YOU A PRESENT MEMBER OF THE NATIONAL GUARD OR RESERVES?

ARE YOU A CURRENT CITIZEN OF THE UNITED STATES OF AMERICA? _____ YES _____ NO

ARE YOU QUALIFIED FOR AND CAPABLE OF PERFORMING ALL OF THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?
 _____ YES _____ NO

IF YOU ARE NOT QUALIFIED FOR OR ARE NOT CAPABLE OF PERFORMING SUCH ESSENTIAL FUNCTIONS, WHAT REASONABLE ACCOMODATIONS WOULD BE REQUIRED TO ALLOW YOU TO PERFORM THEM? PLEASE DESCRIBE IN DETAIL:

I UNDERSTAND AND CERTIFY THAT THE FACTS CONTAINED ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF THE FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ME AN INTERVIEW OR EMPLOYMENT. FURTHER, I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANYTIME FOR JUST CAUSE WITHOUT PRIOR NOTICE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE - THIS AREA FOR TOWNSHIP USE ONLY

INTERVIEWED BY: _____ DATE _____

REMARKS: _____

NEATNESS _____ COMPOSURE _____ PERSONALITY _____

CONVERSATION _____ RESUME _____

CRIMMINAL RECORD CHECKED _____ DRIVING RECORD CHECKED _____

DEPARTMENT _____ POSITION _____ BOARD OF COMMISSIONER APPROVAL _____

JOB OFFER DATE _____ ACCEPTANCE DATE _____ DATE WILL REPORT _____

SALARY/WAGE _____

APPROVED 1. _____ TOWNSHIP MANAGER DATE _____

APPROVED 2. _____ DEPARTMENT HEAD DATE _____