Windemere Township Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS						
PLEASE COMPLETE	PAGES 1-4.		DATE _			
Name						
	Last	First	Middle		Maiden	
Present address	Number	Street	City State	Zip		
How long			Social Security No.		_	
Telephone ()			, , , , , , , , , , , , , , , , , , ,			
	age					
)		No Pref Mon Tue	railable to work Thur Fri Sat Sun		
How many hours can	you work weekly?		Can you work	nights?		
Employment desired	FULL-TIME ONLY	PART-TIM	E ONLY	FULL- OR PART	-TIME	
When available for wo	rk?					
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailin address)		R OF YEARS IPLETED	MAJOR & DEGREE	
High School						
College						
Bus. or Trade School						
Professional School						
If yes, explain number	EN CONVICTED OF A CR of conviction(s), nature of s) imposed, and type(s) of r	offense(s) leading to			ffense(s) was/were	

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DO YOU HAVE A DRIVER'S LICENSE						
What is your means of transportation to	work?					
Driver's license number Expiration date		Operator Com	mercial (CDL) Chauffeur			
Have you had any accidents during the Have you had any moving violations du			nany? 1any?			
	OFFICE ONLY					
Yes TypingNoWF PersonalYesPC	Other		No WPM			
Computer No Mac	Skills					
Please list two references other than re	latives or previous employers.					
Name	Name					
Position	Position					
Company	Company					
Address	Address					
Telephone ()	Telephone	e <u>()</u>				
	An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.					
<u></u>						

INFORMATIC	PRINT ALL ON REQUESTED SIGNATURE					
APPLICATION FOR EMPLOYMENT						
MILITARY						
		ARMED FORCES?	Voc	No		
		HE NATIONAL GUARD?			Νο	
		Date En				Date
Work Experience		ork experience for the past f mployed, give firm name. At				ent job held.
Name of emplo Address	yer		Name o superv		Employment dat	es Pay or salary
City, State, Zip Phone number					From	Start
					То	Final
			Your last jo	ob title		
Reason for leav	ving (be specific)					
Name of emplo Address	yer		Name o superv		Employment dat	es Pay or salary
City, State, Zip Phone number					From	Start
					То	Final
			Your Last	Job Title		
Reason for leav	Reason for leaving (be specific)					
List the jobs yo company.	u held, duties perfor	med, skills used or learned,	advanceme	nts or pro	motions while you	worked at this

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WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary			
		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary			
City, State, Zip Code Phone number		From	Start			
		То	Final			
	Your last job title					
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
May we contact your present employer?YesNo						
Did you complete this application yourselfYesNo						
If not, who did?						