

# Application For Employment

HAMPDEN TOWNSHIP  
230 S. Sporting Hill Road  
Mechanicsburg, PA 17050-3097  
(717) 761-0119 or FAX (717) 761-7267

AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without discrimination with regard to race, religion, national origin, sex, age, marital status, veteran status, or the presence of a non-job related medical condition or disability.

(Please Print or Type)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
No. Street City State Zip

Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  No

Are you legally eligible for employment in this country?  Yes  No  
(Proof of US Citizenship or immigration status will be required upon employment)

Answer the following question only after reviewing a description of the job for which you are applying.

Position(s) applied for 1. \_\_\_\_\_ 2. \_\_\_\_\_

Type of employment desired?  Full-time  Part-time  Temporary  Seasonal

Were you employed by us before?  Yes  No

If yes, when? \_\_\_\_\_ On what date would you be available for work? \_\_\_\_\_  
(M/D/Y) (M/D/Y)

## Education

	High School				College				Vocational School
	9	10	11	12	1	2	3	4	
Years Completed									
Name & Address									
Major Course of Study									
Diploma/Degree									

## Employment Experience

List all present and past employment, beginning with the most recent. If more space is needed, please continue on a separate sheet.

1. Name and Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Employment- From (Mo.\Yr.) \_\_\_\_\_ To (Mo.\Yr.) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

2. Name and Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Date of Employment- From (Mo.\Yr.) \_\_\_\_\_ To (Mo.\Yr.) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

3. Name and Address of Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Date of Employment- From (Mo.\Yr.) \_\_\_\_\_ To (Mo.\Yr.) \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

4. Name and Address of Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Date of Employment- From (Mo.\Yr.) \_\_\_\_\_ To (Mo.\Yr.) \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Work Performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

May we contact the employers or educational institutions listed above? \_\_\_\_ Yes \_\_\_\_ No  
 If no, indicate the employers or educational institutions you do not wish us to contact. \_\_\_\_\_

References

List three persons, not related to you, who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed under employment record.

1.	_____			
	Name	Address	Phone No.	Occupation
2.	_____			
	Name	Address	Phone No.	Occupation
3.	_____			
	Name	Address	Phone No.	Occupation

## Miscellaneous

Were you ever convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain when, where and the charge \_\_\_\_\_

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(NOTE: Conviction will not necessarily disqualify an applicant for employment.)

Physical examinations, drug testing or other types of pre-employment testing may be required as a condition of employment.

Applicants are invited to attach additional information to this application that will assist Hampden Township in evaluating potential employment.

Thank you for your interest in employment with Hampden Township.

### Please Read and Sign Below

I hereby certify that the answers on this application are true and correct and that I understand my misrepresentation or omission of facts on my part will be justification for separation, if employed. I authorize the companies, schools or persons, excluding those listed on page three, to provide information regarding my employment or education. I will not hold Hampden Township, or anyone approved by me accountable concerning their reference.

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SIGNATURE

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DATE