## **Application For Employment**

#### HAMPDEN TOWNSHIP

209 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							
	La	st	First		Middle	е	
Address							
	No.	Street		City		State	Zip
Telephone N	umber (Home)			(Work)			
If you are un	der 18, can you	ı furnish a work pe	ermit?Ye	es No	0		
		mployment in this mmigration status			_		
Answer the f	ollowing quest	ion only after revi	ewing a descript	ion of the jo	b for which	you are appl	ying.
Position(s) ar	oplied for 1			2			
Type of empl	loyment desire	d? Full-tim	ne Part-ti	ime	Temporary	Seaso	onal
Were you en	nployed by us b	pefore?Ye	s No				
If yes, when?		On wha	t date would yo	u be availab	le for work?		
	(M/D/Y)					(	M/D/Y)

## **Education**

	High School				College				Vocational School
Years Completed	9	10	11	12	1	2	3	4	
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.

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

3.	Name and Address of Empl	oyer							
	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 Empl	oyer							
	Job Title								
				Yr.)	_				
	Supervisor's Name								
	Work Performed								
					_				
	Reason for Leaving								
	<u> </u>				_				
M	ay we contact the employer	s or educational ins	titutions listed above?	Yes No					
lf	no, indicate the employers o	or educational instit	utions you do not wish u	is to contact					
					_				
		Refe	erences						
Lis	t three persons, not related to	vou who have knowl	edge of your qualifications	for the position for					
	nich you are applying. Do not re	•		·					
	,, .								
1.									
	Name	Address	Phone No.	Occupation					
2.									
	Name	Address	Phone No.	Occupation	_				
3.	Mam s	Address	Dhora Na	Occupation					
	Name	Address	Phone No.	Occupation					

# Miscellaneous

Were you ever convicted of a felony? Yes No					
If yes, please explain when, where and the charge					
(NOTE: Conviction will not necessarily disqualify an applicant for emplo	yment.)				
Physical examinations, drug testing or other types of pre-employment to condition of employment.	testing may be required as a				
Applicants are invited to attach additional information to this application Township in evaluating potential employment.	on that will assist Hampden				
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 misrepresentation or omission of facts on my part will be justification for authorize the companies, schools or persons, excluding those listed or information regarding my employment or education. I will not hold Har approved by me accountable concerning their reference.	or separation, if employed.  n page three, to provide				
SIGNATURE	DATE				