

Application for Employment
FRANKLIN TOWNSHIP -- CARBON COUNTY
889 Fairyland Road, Lehighon PA 18235
Mailing Address: 900 Fairyland Road, Lehighon PA 18235
610-377-1773

Franklin Township does not discriminate with regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or handicap.

PLEASE READ CAREFULLY BEFORE STARTING APPLICATION DATE _____

Please Print

NAME _____
Last First Middle

_____ Street or Route City State Zip

TELEPHONE _____

Have you ever worked for Franklin Township before: _____ If so, when _____
Reason for Leaving _____

Have you ever filed an application here before? _____ If so, when _____
Position Applied for _____ Salary Desired _____

Referred By _____

Date Available _____ Can you work off hours if necessary? _____

Do you have a valid Pennsylvania Drivers License? _____ Class # _____

Have you ever been convicted of a crime other than traffic violations? _____
If Yes, explain _____

Give name, address and telephone number of three references who are not related to you and who are not previous employers.

EDUCATION:

Indicate last year of school completed:

Grade School	High School	College
() 5 () 6 () 7 () 8	() 9 () 10 () 11 () 12	() 1 () 2 () 3 () 4 () Other

Name & Address

Years Attended

Course/Degree

High School

College

Trade or Business School; Other

Any other education, training or skills

Machines you can operate (Office and/or road maintenance department)

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on sex, ethnicity, handicapped and veteran status of applications. The date requested is for analysis and affirmative action only.

Submission of information about a handicap is voluntary.

Check one: () Male () Female

Check if any of the following are applicable:

() Vietnam Era Veteran () Disabled Veteran () Handicapped Individual

State any additional information which you might feel helpful to us in considering your application

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include military service assignments and volunteer activities.

Exclude organization names which indicate race, religion, sex or national origin.

1. Employer Name & Address	Dates Employed From /To	Work Performed	Hourly Rate/Salary Starting /Final
Job Title			
Reason for Leaving			
2. Employer Name & Address	Dates Employed From /To	Work Performed	Hourly Rate/Salary Starting /Final
Job Title			
Reason for Leaving			
3. Employer Name & Address	Dates Employed From /To	Work Performed	Hourly Rate/Salary Starting /Final
Job Title			
Reason for Leaving			
4. Employer Name & Address	Dates Employed From /To	Work Performed	Hourly Rate/Salary Starting /Final
Job Title			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications acquired from employment or other experience:

AGREEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not to be intended to be, a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the Township.

Signature of Applicant

Date

FOR TOWNSHIP USE ONLY

ARRANGE INTERVIEW () Yes () No

Remarks:

Employed () Yes () No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____
Name and Title Date