

BATH TOWNSHIP

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application	
How Did You Learn About Us:			
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative	<input type="checkbox"/> Other
Last Name	First Name		Middle Initial
Address	City	State	Zip Code
Telephone Numbers		Social Security Number	

Have you ever filed an application with us before? YES NO
 If yes, give date _____

Have you ever been employed with us before? YES NO
 If yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
 (Proof of citizenship or immigration will be required upon employment)

On what date would you be available for work? Give date _____

Are you available to work: Full time Part-Time Temporary
 (check as many as applicable)

Are you currently on "lay-off" status and subject to recall? YES NO

If yes, please explain _____

Check One: Smoker Non-Smoker

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3
Diploma/Degree			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to me in considering your application.			
<p>List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.</p>			

EMPLOYMENT EXPERIENCE

Start with your present or last job. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, military, or other protected status.

Employer	Dates Employed		Work Performed
Address			
Telephone	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			

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ADDITIONAL EMPLOYMENT HISTORY

From-To	Company	Position	Supervisor	Salary
From-To	Company	Position	Supervisor	Salary
From-To	Company	Position	Supervisor	Salary

CONTRACT/TEMPORARY EMPLOYMENT HISTORY (most recent first)

From-To	Agency	Company	Position	Supervisor	Wage
From-To	Agency	Company	Position	Supervisor	Wage
From-To	Agency	Company	Position	Supervisor	Wage

EMPLOYMENT REFERENCES

Company:		
Supervisor:	Title:	Telephone:
Peer:	Title:	Telephone:
Company:		
Supervisor:	Title:	Telephone:
Peer:	Title:	Telephone:
Company:		
Supervisor:	Title:	Telephone:
Peer:	Title:	Telephone:
Company:		
Supervisor:	Title:	Telephone:
Peer:	Title:	Telephone:

PERSONAL REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.
1.
2.
3.

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my Application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and policies of the Company.

I authorize investigation of all statements contained in my Application for Employment and my Resumé. I hereby give Bath Township. (the "Company") permission to contact schools, previous employers, references and others, and hereby release the Company from any liability as a result of any such contacts.

I understand that the Company may make investigations of public records about me which includes, but is not limited to, DMV records; licensure records; civil and criminal court records; state and federal tax records; and other records as may be appropriate and hereby consent to that investigation.

I also understand that, in connection with and as a condition to hiring, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. I hereby consent for that Company to make that request. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I also acknowledge and agree that a copy of this Employment Information Waiver shall be as valid as the original.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time at my discretion with or without prior notice and Bath Township may terminate my employment at any time at their discretion or without cause and with or without prior notice.

Date: _____

Signature of Applicant: _____

AUTHORITY TO RELEASE INFORMATION

To whom it may concern:

I hereby permit any authorized representative of Bath Township bearing this release, or copy thereof, within two years of its date, to obtain any information you have concerning my moral, mental, and physical suitability for the position that I am applying for.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit, or educational records including, but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records, medical records, and credit records. This release is executed with full knowledge and understanding that the information is for the official use of Bath Township. Consent is granted to Bath Township to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liabilities for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I certify that the statements contained are true to the best of my knowledge, and I understand that any false statements made in this application will be cause for disapproval of my appointment or for discharge after appointment.

SIGNATURE: _____

TYPE OR PRINT FULL NAME: _____

TODAY'S DATE: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

TELEPHONE: _____

WITNESS: _____