

Strasburg Township Supervisor's Application for Employment

Please return to: Strasburg Township, 400 Bunker Hill Rd., Strasburg, PA 17579

Email: secretary@strasburgtownship.com

Phone: 717-687-6233 Fax: 717-687-9780

Name _____ Phone # () _____
LAST FIRST MI

Email _____

Address _____ Years at this address _____
STREET CITY STATE ZIP

Previous Address _____ Years at this address _____
STREET CITY STATE ZIP

Driver's Classification: _____ (Type of License)

Are you on layoff subject to recall? _____

Are you available to work: _____ Full time _____ Part time

If you are hired for this position, when are you available to start? _____

For what position are you applying? _____

What skills or past work experiences do you feel make you qualified for the position for which you are applying?

List any Physical Limitations which would affect your ability to perform in the position for which you are applying:

Indicate your salary requirement :

Have you ever suffered an on-the-job Injury requiring medical attention and/or time off from work? _____

If so, explain: _____

Have you ever received Worker's Compensation payments? _____ If so when? _____

Explain: _____

List below present and past employment beginning with your most recent.

1. Previous Employment	Date:	Describe the Work you did:	Reason for Leaving:
Name	From:		
Address			
Type of Business			

2. Previous Employment	Date:	Describe the Work you did::	Reason for Leaving:
Name	From:		
Address			
Type of Business			

3. Previous Employment	Date:	Describe the Work you did:	Reason for Leaving:
Name	From:		
Address			
Type of Business			

Record of Education

Name of School	Location of School	Grades Attended	Year Grad.

List Accidents While on the Job or Driving a Motor Vehicle:

Date	Type of Accident	Did Police Investigate? Were you charged with a Traffic Violation?
1.		
2.		
3.		

List Traffic Violations (Other than parking) for the last 3 years:

Date	Location	Type of Violation
1.		
2.		
3.		

List Three References (Not Former Employers or Relatives)

1. _____
NAME ADDRESS PHONE NUMBER

2. _____
NAME ADDRESS PHONE NUMBER

3. _____
NAME ADDRESS PHONE NUMBER

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with *my* application. In the event of my employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also, that I am required to abide by all rules and regulations that may be made by the Strasburg Township Supervisors.

SIGNATURE OF APPLICANT DATE