

Township of Wilkins

Application for Employment

The Township of Wilkins is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, non-job related disabilities or age (40 and over). All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

Instructions: This application must be completed in its entirety.
Please print in ink or type.
If, because of a disability, you need assistance in completing this application form,
please notify the Township Manager, 412-824-6650.

Position applied for:			
<input type="checkbox"/> Full time		<input type="checkbox"/> Part time	
Name	Last	First	Middle
Address	City	State	Zip
Phone	Day	Night	For Full Time Public Works & Police: Driver's License: _____ Number State
()	()	()	
Social Security Number	Length of Residence		
- -			

Are you at least 18 years old?
If no, do you have a work permit?

Yes No
 Yes No

Are you a United States citizen or authorized to work in the United States?
(Proof of citizenship or immigration status will be required upon employment.)

Yes No

Have you ever filed an application with the Township of Wilkins?
If yes, give date _____

Yes No

May we contact your current employer?
If no, please identify someone familiar with your performance for your current employer that we may contact.

Yes No

Name Phone Number

Can you work: Evenings?

Yes No

Nights?

Yes No

Weekends?

Yes No

Employment History

List all employment for the past ten years, beginning with current or most recent position.

Employer	Dates Employed From To	Job Title
Address	Description of Duties	
Supervisor's Name		
Supervisor's Number	Reason for Leaving	
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain _____		
Were you:		
Discharged or asked to resign by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever counseled or warned about excessive absenteeism or tardiness by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain _____		

Employer	Dates Employed From To	Job Title
Address	Description of Duties	
Supervisor's Name		
Supervisor's Number	Reason for Leaving	
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain _____		
Were you:		
Discharged or asked to resign by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever counseled or warned about excessive absenteeism or tardiness by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain _____		

Employer	Dates Employed From To	Job Title
Address	Description of Duties	
Supervisor's Name		
Supervisor's Number	Reason for Leaving	
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain _____		
Were you:		
Discharged or asked to resign by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever counseled or warned about excessive absenteeism or tardiness by this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain _____		

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

References

Please list three references other than relatives or former employers:

	Name/Address	Phone Number	Relationship
1.			
2.			
3.			

Please attach a resume, if available.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize the Township of Wilkins to investigate the truth of this information and of any other information I may supply during a pre-employment interview. I further authorize every school, employer, person and agency identified by me on this form or in my resume to release any and all verifying information the Township of Wilkins may solicit from it or them. I further authorize the Township of Wilkins to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, the Township of Wilkins will so advise me.

"I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by the Township of Wilkins.

"I understand and agree that the Township of Wilkins' acceptance of this employment application does not constitute any promise, express or implied, that I will be hired. I further understand that the Township of Wilkins does not guarantee anyone employment for any specific length of time. I therefore agree that, if I am hired, my employment may be terminated by either me or by the Township of Wilkins at any time without notice or cause.

"I further understand and agree that any offer of employment the Township of Wilkins may make to me (and, if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking and passing physical examinations and drug tests.

"I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for the Township of Wilkins in any way.

"I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."

Township of Wilkins
 110 Peffer Road
 Turtle Creek, PA 15145
 (412) 824-6650

 Signed

 Date

THE TOWNSHIP OF WILKINS IS AN EQUAL OPPORTUNITY GOVERNMENT