

# THE TOWNSHIP OF KNOWLTON EMPLOYMENT APPLICATION



APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone				E-mail Address								
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever applied to Knowlton Township before?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references. They should <u>not</u> be relatives or former supervisors.</i>												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												
Full Name					Relationship							
Company					Phone							
Address												

**PREVIOUS EMPLOYMENT**

**THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUME. LIST YOUR LAST 3 EMPLOYERS, MAJOR ASSIGNMENT WITHIN THE SAME EMPLOYER. BEGIN WITH THE MOST RECENT. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE SPACE ON THIS FORM MARKED COMMENTS LOCATED AT THE BOTTOM OF THE PAGE.**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**INFORMATION REGARDING STATUS**

Gender _____	
Equal Employment Opportunity Identification Group: _____ White _____ African American (non Hispanic) _____ Hispanic _____ American Indian/Alaskan native _____ Asian/Pacific Islander _____ Other _____	
Other Protected Groups: _____ Individual with a disability _____ Vietnam-era veteran (served between 1964 and 1975) _____ Disabled veteran	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if the Township of Knowlton later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Knowlton the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township of Knowlton the right to secure additional job-related information about me. I release the Township of Knowlton and its representatives from all liability for seeking such information. I understand that the Township of Knowlton is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Knowlton will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Knowlton may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Knowlton may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks.

***For your application to be considered, you must sign and date below.***

**Signature**

**Date**