

West Deer Township is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, disabilities, or age (40 and over). Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made upon request. 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. All information is subject to verification. Any omissions or erroneous statements may be cause for rejection of this application, removal from eligibility, or discharge from employment. Please type or print in ink. If, because of a disability, you need assistance completing this application, please notify the Township Office at 724.265.3680.

### Applicant Information

Position applied for:  Full-Time  Part-Time

Name: Last  First  Middle

Address:  City  State  Zip

Length of Residence:  E-mail:

Cell Phone:  Home Phone:

Driver's License Number/State:

Social Security Number:

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

At the time of hire, will you be able to demonstrate that you are legally authorized to work in the United States?  Yes  No  
(Proof of authorization will be required upon employment.)

Have you ever been employed by West Deer Township?  Yes  No  
Dates:  Department:  Position:

Do you have friends or relatives working for West Deer Township?  Yes  No  
If yes, state name & relationship

May we contact your current employer?  Yes  No  
If no, please identify someone familiar with your performance for your current employer whom we may contact. Name:  Phone Number:

Can you work:  Yes  No

Evenings?  Yes  No

Nights?  Yes  No

Weekends?  Yes  No

Education			
<b>Last High School Attended Name:</b>	<b>Highest grade completed:</b> (mark one)	<b>Do you have a High School Diploma or G.E.D. certificate?</b>	
<b>Location:</b>	9      10      11      12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Colleges, universities, trade or technical schools or apprenticeship programs:</b>			
Name	Location	Number of years/months attended	Degree, credits, certificates or licenses earned
<b>Military</b>			
<b>Branch of Service:</b>	<b>Length of Service:</b>	<b>Rank at Separation:</b>	
<b>Specialized Training:</b>			
<b>Other Qualifications</b>			
<b>Describe the types of equipment you are capable of operating (machines, vehicles, computers, etc.).</b>		<b>List any trade, professional or skills certificates you hold.</b>	
<b>Summarize special skills, abilities or experiences which qualify you for this position.</b>			
<b>Background</b>			
<b>Have you ever been convicted of a crime other than a traffic violation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
NOTE: Criminal convictions are not necessarily a bar to employment; all relevant circumstances will be considered.			

### Employment History

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

Employer:

Address:

City:

State:

ZIP:

Supervisor's Name:

Supervisor's Phone Number:

Position:

How long? From:

To:

Description of Duties:

Reason for Leaving:

Hourly Rate/Salary: Starting:

Ending:

Will this supervisor/employer give a good job reference?

Yes  No

If no, explain

Were you:

Discharged or asked to resign by this employer?

Yes  No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?

Yes  No

Ever counseled or warned about excessive absenteeism or tardiness by this employer?

Yes  No

If yes to any of the above, please explain

Employer:

Address:

City:

State:

ZIP:

Supervisor's Name:

Supervisor's Phone Number:

Position:

How long? From:

To:

Description of Duties:

Reason for Leaving:

Hourly Rate/Salary: Starting:

Ending:

Will this supervisor/employer give a good job reference?

Yes  No

If no, explain:

Were you:

Discharged or asked to resign by this employer?

Yes  No

Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer?

Yes  No

Ever counseled or warned about excessive absenteeism or tardiness by this employer?

Yes  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 former employers or relatives**

Name/Address:	Phone Number:	Relationship:

**Certification, Authorization and Agreement**

“I certify that the information supplied by me on this application form is true and complete, and does not contain any falsifications, omissions, or concealments of material fact. I authorize West Deer Township to investigate the veracity 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 I identified in this form to release any and all verifying information West Deer may solicit. I further authorize West Deer Township 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, West Deer will so advise me.

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

I understand and agree that West Deer Township’s acceptance of this employment application does not constitute any promise, express or implied, that I will be hired. I further understand that West Deer 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 by West Deer at any time within the constraints of any federal, state, or local law, and/or any existing and applicable bargaining agreements.

I further understand and agree that any offer of employment West Deer Township 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 on my passing a pre-employment substance abuse screen and a pre-employment health examination if requested. I understand that failure to pass required substance abuse screens or health examinations may result in the withdrawal of an offer of employment.

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 West Deer Township 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.”

Signature of Applicant:	Date:
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West Deer Township  
109 East Union Road  
Cheswick, PA 15024  
724.265.3680

Revised 1/29/2016