



West Hanover Township – HR

Application for Employment

WEST HANOVER TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

INSTRUCTIONS: PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

PERSONAL INFORMATION

A. Date: _____

B. Soc Sec. # _____

C. Name:

Last

First

Middle Initial

D. Present Address:

Street

City

State

Zip

E. Permanent Address

Street

City

State

Zip

F. Telephone # _____

G. Referred by _____

H. Are you 18 years of age or older? **Yes** **No**

EMPLOYMENT DESIRED – Complete the following questions and circle the appropriate response.

I. Position or Opening Applied for: _____

J. Date Available to Start Employment: _____

K. Are you currently employed?

Yes

No

L. If so, may we inquire of your current employer?

Yes

No

M. Salary or Salary Range Anticipated for Position: \$ _____ Per _____

N. Have you applied to West Hanover in the past?

Yes

No

O. When did you apply to West Hanover? _____

EDUCATION

	Name and Location of School	Circle Last Year Completed				Did You Graduate?		Subjects Studied and Degree(s)
		1	2	3	4	Yes	No	
High School	_____					Yes	No	
	_____					Yes	No	
College	_____					Yes	No	
	_____					Yes	No	
Trade, Business, Technical School	_____					Yes	No	
	_____					Yes	No	
List Graduate Degrees or Other Training/Certifications _____								

GENERAL SKILLS – Please indicate any special work skills and or you feel are relevant to the position.

P. Subjects of Special Study/ Research, etc.

Q. Job Related Skills

(typing, drivers license, special training, etc.)

R. Activities and Interests

EMPLOYMENT HISTORY – List your last four employers, starting from your present position working backwards.

Date, Month and Year	Name, Address and Telephone Number of Employers	Position Held	Supervisor's Name	Reason for Leaving Position
From				
To				
From				
To				
From				
To				
From				
To				

S. May we contact your present employer?	Yes	No	T. May we contact your past employer(s)?	Yes	No

U. Account for your time during any intervals of unemployment, other than school or military service

V. Provide any additional comments for positions held.

REFERENCES – List below three references not related to you, whom you have known at least one year.

Name	Address and Telephone Number	Relationship	Years Acquainted
1			
2			
3			

MILITARY SERVICE

W. Present Selective Service Status:			None	Active	Inactive	X. Reserve Status:	None	Active	Inactive
Y. Dates of Service: From		Z. Highest Rank or Grade attained:		AA. Duties:					
To									

ADDITIONAL INFORMATION

BB. How were you informed of the position opening at West Hanover Township? (Please Check)

<input type="checkbox"/> College Placement Office	Name: _____
<input type="checkbox"/> Acquaintance	Name: _____
<input type="checkbox"/> Newspaper Job Announcement	Name: _____
<input type="checkbox"/> Internet Job Announcement	Site: _____
<input type="checkbox"/> Private Employment Agency	Name: _____
<input type="checkbox"/> Other	Explain: _____

AUTHORIZATION

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, West Hanover Township, or its officers or agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a Township designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that West Hanover Township is an Equal Opportunity Employer and all applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, West Hanover Township reserves the right to terminate my employment whenever the need arises.

Date: _____ Signature: _____

TOWNSHIP USE ONLY – Township Use Only. DO NOT WRITE IN THE SECTION BELOW

Interviewed by: _____

REMARKS: _____

INS Form I-9 Completed?	Yes	No	Hired for Position?	Yes	No
Employment Subject to:	Date Completed		Position Filled	_____	
<input type="checkbox"/> Physical Examination	_____		Salary Scale/Step	_____	
<input type="checkbox"/> Satisfaction of Reference Reports	_____		Will report to work?	_____	
<input type="checkbox"/> Favorable Reports from References on Verification of Information Supplied	_____				