

# EMPLOYMENT APPLICATION

SUSQUEHANNA TOWNSHIP

1900 LINGLESTOWN RD, HARRISBURG, PA 17110

717-545-4751

Susquehanna Township is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, or veteran status.

## Personal:

LAST NAME, FIRST NAME, MIDDLE NAME		NUMBER & STREET ADDRESS, CITY STATE & ZIP CODE	
POSITION SOUGHT	DATE AVAILABLE	CIRCLE ONE Full-time Part-time Seasonal	
SOCIAL SECURITY NUMBER	SALARY DESIRED	PHONE NUMBER	
CIRCLE ONE Are you over 18 yrs old? Yes or No	CIRCLE ONE Are you legally eligible for employment in United States? Yes or No (If offered employment you will be required to provide documentation to verify eligibility.)		

**Education/Skills:** Please indicate education or training which you believe qualifies you for the position you are seeking.

HIGH SCHOOL No. of Years Completed (circle one) 1 2 3 4 Diploma: Yes or No G.E.D.: Yes or No SCHOOL(S): _____ CITY/STATE: _____		COLLEGE and/or VOCATIONAL SCHOOL No. of Years Completed (circle one) 1 2 3 4 SCHOOL(S): _____ CITY/STATE: _____ MAJOR/DEGREES EARNED: _____ _____	OTHER TRAINING OR DEGREES SCHOOL(S): _____ CITY/STATE: _____ COURSE: _____ DEGREE OR CERTIFICATES EARNED: _____ _____
OFFICE DATA ENTRY SKILLS (Indicate YES OR NO) EXCEL _____ WORD _____ ACCESS _____ POWERPOINT _____ PROJECT MGMT _____ TYPING SPEED WPM _____ FAXING _____ MULTI PHONE LINES _____		OTHER SKILLS OR QUALIFICATIONS	
PROFESSIONAL LICENSE/MEMBERSHIP TYPE OF LICENSE HELD _____ STATE _____ LICENSE _____ NUMBER _____ LICENSE _____ EXPIRATION DATE _____		YOU NEED NOT DISCLOSE PROFESSIONAL MEMBERSHIPS THAT MAY REVEAL INFORMATION REGARDING RACE, COLOR, CREED, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, MARITAL STATUS, VETERAN STATUS, OR ANY OTHER PROTECTED STATUS.	OTHER PROFESSIONAL MEMBERSHIPS

**Employment:** List last employer first, including U.S. Military Service.

EMPLOYER	ADDRESS	PHONE NUMBER
SUPERVISOR	DUTIES	
DATES OF EMPLOYMENT From: _____ To: _____	DEPARTMENT(S)	MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE) Yes Or No
SALARY	REASON FOR LEAVING	

EMPLOYER	ADDRESS	PHONE NUMBER
SUPERVISOR	DUTIES	

DATES OF EMPLOYMENT From: To:		DEPARTMENT(S)	MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE) Yes Or No
SALARY		REASON FOR LEAVING	

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DATES OF EMPLOYMENT From: To:	DEPARTMENT(S)	MAY WE CONTACT THIS EMPLOYER (CIRCLE ONE) Yes Or No
SALARY	REASON FOR LEAVING	

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

EXPLAIN ANY GAPS IN WORK HISTORY:
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB?
If yes explain:

**Professional References:**

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

**Personal References:**

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Susquehanna Township to verify their accuracy and to obtain reference information on my work performance. I hereby release Susquehanna Township from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Susquehanna Township. However, I further understand that the policies, rules, regulations of employment or anything said during the interview process shall NOT be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Susquehanna Township may terminate my employment at any time with or without cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Permission if under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_