

**Dover Township**  
**2480 W. Canal Road**  
**Dover, Pa 17315**  
**717-292-3634**

**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

Please print all information

**NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_  
 Last First Middle Daytime Number

**ADDRESS:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_  
 Evening Number

\_\_\_\_\_  
 City, State, Zip Code

**Would you prefer to be contacted during**  
 the  day,  evening,  doesn't matter

List the title of the job for which you are applying or indicated the type of work you are interested in:

**Are you available for:**  full time work  daytime work  temporary, occasional, or seasonal work  
 (check all that apply)  part time work  evening or night work

**EDUCATION:**

Circle highest year completed: Elementary 1 2 3 4 5 6 7 8 High 9 10 11 12 College/Tech 1 2 3 4 5 6

	NAME OF SCHOOL	ADDRESS	YEARS ATTENDED	DID YOU GRADUATE	MAJOR	DEGREE
HIGH SCHOOL						
COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS						

List any other training, seminars, correspondence courses, etc. that would have a bearing on your qualifications:

**WORK HISTORY**

As a minimum, list all jobs and periods of unemployment in the last 10 years, that lasted over 30 days. List all jobs that have a bearing on your qualifications for the work you are applying for, regardless of when they occurred. Include military experience if applicable. Use a blank sheet or an additional form if more space is required. Your current employer will not be contacted without your permission. Start with your present or most recent job.

<b>Current or most recent employer:</b>	<b>Your Job Title:</b>
<b>Address:</b>	<b>Describe Your Duties:</b>
<b>Date employed: From: To:</b>	
<b>Name of Supervisor:</b>	<b>Why did you leave (or wish to leave) this job?</b>
<b>Current or Final Pay Rate:</b>	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current or most recent employer:	Your Job Title:
Address:	Describe Your Duties:
Date employed: From:                      To:	
Name of Supervisor:	Why did you leave (or wish to leave) this job?
Current or Final Pay Rate:	

Current or most recent employer:	Your Job Title:
Address:	Describe Your Duties:
Date employed: From:                      To:	
Name of Supervisor:	Why did you leave (or wish to leave) this job?
Current or Final Pay Rate:	

Current or most recent employer:	Your Job Title:
Address:	Describe Your Duties:
Date employed: From:                      To:	
Name of Supervisor:	Why did you leave (or wish to leave) this job?
Current or Final Pay Rate:	

Current or most recent employer:	Your Job Title:
Address:	Describe Your Duties:
Date employed: From:                      To:	
Name of Supervisor:	Why did you leave (or wish to leave) this job?
Current or Final Pay Rate:	

Check here if more information is attached.

For any of the previously listed schools or employers who knew you by another name, list it here:

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Last    First    Middle

Are you able to perform the work of the job for which you are applying?  yes  no (If no, see supplemental form or attach an explanation of any accommodations needed). The employer will make reasonable accommodations if necessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration for employment.

QUALIFICATIONS

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1. List any licenses or certifications you hold that have a bearing on your qualifications:
  
2. Have you ever had a license or certification revoked or suspended? yes no If yes, please explain.
  
3. Have you ever been fired or asked to resign from a job? yes no
  
4. Are you 18 years of age or older? yes no (If you are under 18, you must present a certificate from your school district stating your eligibility to work.)
  
5. Are you legally eligible to be employed in the United States of America? yes no (If hired, you will be required to show documentation verifying your eligibility.)
  
6. Have you ever been convicted of, or pled guilty, to a crime other than summary offenses or traffic violations? yes no (If yes, please explain below. (A conviction will not be a disqualification from employment unless it has a bearing on your qualifications.)

Is there any other information we should be aware of which has a bearing on your qualifications for the work for which you are applying? yes no (If yes, list below or on a separate sheet. Do not volunteer any information about your age, sex, religion, race, national origin, or disability.)

**LIST AT LEAST THREE REFERENCEW WHO KNOW YOU PERSONALLY AND WHO ARE FAMILIAR WITH YOUR WORK QUALIFICATIONS, AND WHO ARE NOT RELATED TO YOU**

	NAME	HOW KNOWN	ADDRESS	PHONE #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I certify to the best of my knowledge, the information on this form is correct and complete. I understand that any misrepresentation on this application will be cause for me to be removed from further consideration, or if I have been hired, may be grounds for my dismissal.

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Signature

Date

*PLEASE ANSWER THE QUESTIONS ON THIS PAGE ONLY IF THEY ARE APPLICABLE TO THE TYPE OF WORK YOU ARE APPLYING FOR.*

*Application Supplement*

*Essential Function Information*

Position of \_\_\_\_\_ requires that you be able to perform following functions:

**THE EMPLOYER:**

Describe duties that require walking, climbing, use of physical strength, force, or endurance; communication with others including talking, reading, writing, listening, seeing; exposure to inclement weather; exposure to stressful situations; operating a vehicle; manipulating tools or machinery; producing products or services at a specified rate of speed; working prolonged hours, unusual schedules; entering confined spaces.

**THE APPLICANT:**

I have reviewed the above list of job functions and believe that:

- I can fully perform all the functions.
  
- I cannot perform all the functions. (Checking this box may result in your being disqualified for this job. Please explain below if there are additional considerations of which we should be aware.)

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Signature \_\_\_\_\_  
Date \_\_\_\_\_