

# Application for Employment



*Equal access to programs, services and employment to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Township Administrator.*

**PLEASE PRINT**

|                              |                 |        |                                                                                                                                                                                                                                      |                |          |
|------------------------------|-----------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| Name (Last) (First) (Middle) |                 |        | Date                                                                                                                                                                                                                                 |                |          |
| Address Street               |                 | City   |                                                                                                                                                                                                                                      | State          | Zip Code |
| Telephone Number             |                 | Mobile | Email                                                                                                                                                                                                                                |                |          |
| Social Security Number       | Referral Source |        | <input type="checkbox"/> Advertisement<br><input type="checkbox"/> Relative<br><input type="checkbox"/> Employment Agency<br><input type="checkbox"/> Walk-In<br><input type="checkbox"/> Employee<br><input type="checkbox"/> Other | Name of Source |          |
|                              |                 |        | (if applicable)                                                                                                                                                                                                                      |                |          |

*Please answer the following questions. Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense. Seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.*

When is the best time to call? FROM: A.M. P.M. TO: A.M. P.M.

May we contact you at work?  Yes  No

If yes, work number and best time to call? Telephone Number A.M. P.M.

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain.

Have you submitted an application before?

Yes  No

If yes, provide dates.

\_\_\_\_\_

Are you legally eligible for employment in this country?

Yes  No

When are you available for work?

\_\_\_\_\_

Desired salary range?

\_\_\_\_\_

Type of employment desired.

Full-time  Part-time  Seasonal

Will you relocate if job requires it?

Yes  No

Will you travel if required?

Yes  No

Are you able to meet the attendance requirements of this position?

Yes  No

Will you work overtime, if required?

Yes  No

If no, please explain.

\_\_\_\_\_

Have you ever been bonded?

Yes  No

**For ALL Service Department/Road Department Positions:  
Provide your Driver's License Number AND INDICATE  
THAT IT IS CDL. (CDL LICENSE is a JOB  
REQUIREMENT)**

\_\_\_\_\_

State

\_\_\_\_\_

**DO YOU HAVE A CDL LICENSE? ANSWER YES OR  
NO. (AN ANSWER IS REQUIRED)**

Yes  No

**EMPLOYMENT HISTORY:** Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Use additional sheets if necessary. Explain any gaps in employment in comments section below.

| <i>Dates (Month &amp; Year)</i> | <i>Employer (Provide Address and Phone Number &amp; Immediate Supervisor)</i> | <i>Hourly Rates Indicate Hourly or Salary</i> | <i>Starting Job Title, Type of work performed and job responsibilities &amp; Final Job Title</i> |
|---------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------|
|---------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------|

|             |  |  |                 |  |  |
|-------------|--|--|-----------------|--|--|
| <i>From</i> |  |  | <i>Starting</i> |  |  |
| <i>To</i>   |  |  | <i>Final</i>    |  |  |
|             |  |  |                 |  |  |

*Reason for leaving.*

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May we contact for reference?     Yes     No     Later

|             |  |  |                 |  |  |
|-------------|--|--|-----------------|--|--|
| <i>From</i> |  |  | <i>Starting</i> |  |  |
| <i>To</i>   |  |  | <i>Final</i>    |  |  |
|             |  |  |                 |  |  |

*Reason for leaving.*

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May we contact for reference?     Yes     No     Later

|             |  |  |                 |  |  |
|-------------|--|--|-----------------|--|--|
| <i>From</i> |  |  | <i>Starting</i> |  |  |
| <i>To</i>   |  |  | <i>Final</i>    |  |  |
|             |  |  |                 |  |  |

*Reason for leaving.*

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May we contact for reference?     Yes     No     Later

*Comments: Explain any gaps in employment.*

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*Skills and Qualifications: Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.*

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*Educational Background: List the last three (3) schools attended, number of years completed, degree or diploma earned and major fields of study.*

| <i>School</i> | <i>Number of Years Completed</i> | <i>Degree or Diploma</i> | <i>Fields of Study</i> |
|---------------|----------------------------------|--------------------------|------------------------|
|               |                                  |                          |                        |

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**References:** List name of three (3) business/work references who are NOT related to you and are NOT previous supervisors. If not not applicable, list three (3) school or personal references who are NOT related to you. Include address and phone number and number of years known.

| <i>Name</i> | <i>Address &amp; Phone Number</i> | <i>Number of Years Known</i> |
|-------------|-----------------------------------|------------------------------|
|             |                                   |                              |
|             |                                   |                              |
|             |                                   |                              |

**Additional Information:** List professional. Trade, business or civic associations and/or any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard or any other similarly protected status.

| <i>Organization</i> | <i>Offices Held</i> |
|---------------------|---------------------|
|                     |                     |
|                     |                     |
|                     |                     |
|                     |                     |

List any special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veterans/reserve national guard or any other similarly protected status.

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List any additional information you would like us to consider.

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**Applicant Statement:**

***"I certify that all information I have provided in order to apply for and secure work with Richfield Township is true, complete and correct. Further, I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration for this application, or (b) immediately discharge me from the employ of Richfield Township. Further, I expressly authorize, without reservation, Richfield Township, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration fro employment on a basis prohibited by applicable local, state or federal law. I understand that this application remains current FOR ONLY 30 DAYS. At the conclusion of that time, if I have not heard from Richfield Township and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. IF I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract fro employment for any specified period or definite duration. I understand that no supervisor or representative of Richfield Township is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by authorized representative of Richfield Township. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws required me to complete and I-9 Form in this regard.***

***DO NOT SIGN UNTIL YOU HAVE AND UNDERSTAND THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing "Applicant Statement."***

**Signature of Applicant**

\_\_\_\_\_

**Date:**

\_\_\_\_\_