

APPLICATION FOR EMPLOYMENT

BATH TOWNSHIP, GREENE COUNTY

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

(PLEASE PRINT)

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Best Time to Contact You

Have you ever filed an application with us before? _____ Yes _____ No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes _____ No
If Yes, state name, relationship & location _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

We are an E-Verify Employer (verify employment eligibility)

A pre-employment drug test is required.

Date available to work? _____/_____/_____ What is your desired salary range? _____

What hours are you available to work? _____

Work experience (Start with present or last job, include dates, salary, work performed, supervisors and reason for leaving)

1. _____

2. _____

3. _____

4. _____

Comments: (Include explanation of any gaps in employment)

Education:

1. _____

2. _____

3. _____

4. _____

Additional Information: (Summarize special job-related skills & qualifications)

Personal/Professional References: (Do not include family members or past supervisors)

1.

Name	Phone Number
2.

Name	Phone Number
3.

Name	Phone Number

Applicant's Statement:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Application will be retained for one year.