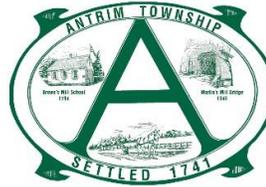


# ANTRIM TOWNSHIP

Mailing Address: P.O. Box 130  
 Physical Address: 10655 Antrim Church Rd  
 Greencastle, PA 17225  
 Phone: 717-597-3818



# APPLICATION FOR EMPLOYMENT

Antrim Township considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Please complete the application in its entirety to be considered for position even if you are submitting a resume.  
 Applications will be kept on file for one year from date of submission.

**PLEASE PRINT**

<b>POSITION(S) APPLIED FOR:</b>	<b>DATE SUBMITTED:</b> ____/____/____
<b>WAGE EXPECTATIONS:</b>	

<b>How did you hear of us:</b>	<input type="checkbox"/> <b>Advertisement</b>	<input type="checkbox"/> <b>Friend</b>	<input type="checkbox"/> <b>Walk-in</b>	<input type="checkbox"/> <b>Agency</b>	<input type="checkbox"/> <b>Relative</b>	<input type="checkbox"/> <b>Other</b>
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**PERSONAL INFORMATION**

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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<b>Home Telephone No:</b>	<b>Mobile No:</b>	<b>Email Address:</b>
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If you are under 18 years of age, can you provide required proof of your eligibility to work?	__Yes	__No
Have you ever filed an application with us before? If yes, was it within the past 12 months? __Yes __No	__Yes	__No
Have you ever been employed with Antrim Township in the past? If yes, Dates of employment: ____-____-____ to ____-____-____ Position: _____	__Yes	__No
Are you currently employed?	__Yes	__No
May we contact your present employer?	__Yes	__No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship is required within 3 days of employment.	__Yes	__No
On what date would you be available to start employment?	DATE: ____-____-____	
Are you available for __Full Time __Part Time __Shift Work __Temporary Employment		
Are you currently on "lay-off" status and subject to recall?	__Yes	__No
Can you travel if a job requires?	__Yes	__No
Have you been convicted of a felony within the last 7 years? Note a conviction does not necessarily disqualify an applicant from employment. If "Yes", please explain: _____ _____ _____	__Yes	__No
Have you ever had any job-related training in the United States Military? If "Yes", Please explain: _____ _____ _____	__Yes	__No
Are you physically or otherwise unable to perform the duties of the job for which you are applying?	__Yes	__No

**EQUAL OPPORTUNITY EMPLOYER**

**EDUCATION**

School Name and Location	Elementary School	High School	Undergraduate College/University	Graduate/Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application for the position you have expressed interest in.	

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE**

	FLUENT	GOOD	FAIR
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

**LIST ANY PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.**

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**REFERENCES – Please give name, address, telephone number and relationship of three character references who are not related to you and are not previous employers.**

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP



If you need additional space, please continue on a separate sheet of paper.

Please list any other special skill and qualifications \_\_\_\_\_

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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

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 45 days. It will be kept on file for a period of 1 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 the 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

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks: \_\_\_\_\_

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Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Employment Offered  Yes  No Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department: \_\_\_\_\_

**NOTES**

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