



# SWATARA TOWNSHIP

## General Employment Application

### APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Driver License Number		Class of License	
Position Applied for			

Are you a citizen of the United States?    YES     NO     If no, are you authorized to work in the U.S.?    YES     NO

Have you ever been convicted of a felony?    YES     NO     If yes, explain

If under age 18, can you provide required proof of eligibility to work?    YES ( )    NO ( )

Have you ever been employed with us before?    YES ( )    NO ( )    If YES, give dates:

Have you ever filed an application with us before?    YES ( )    NO ( )

List names of any relatives in our employ:

Are you currently employed?    YES ( )    NO ( )    If YES, may we contact your present employer?    YES ( )    NO ( )

Are you available to work    FULL TIME ( )    PART TIME ( )    TEMPORARY ( )

Are you currently on "Lay-Off" status and subject to recall?    YES ( )    NO ( )

### EDUCATION

High School	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other	Address		
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever served an apprenticeship?	YES ( )    NO ( )	How long?	What Trade?    Where?

List Professional, Trade, Business or Civic Activities and Offices Held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

**REFERENCES**

*Please list three professional references.*

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_

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Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_

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Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

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Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

List job related training received:

**SPECIAL SKILLS AND QUALIFICATIONS: SUMMARIZE SKILLS AQUIRED FROM EMPLOYMENT OR EXPERIENCE**

**APPLICANT'S STATEMENT**

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE EMPLOYER AND EMPLOYEE IN WRITING. 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 THAT I AM TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

Signature

Date

SWATARA TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER SUPPORTING WORKFORCE DIVERSITY. WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY.

**SWATARA TOWNSHIP WAIVER & RELEASE FOR BACKGROUND INFORMATION**

599 Eisenhower Blvd., Harrisburg, PA 17111

(717) 564-2551 FAX (717) 564-5895



I, \_\_\_\_\_, am presently applying for employment with Swatara Township. I acknowledge and understand that the Township must thoroughly investigate my background, criminal history, personal background, education and references in order to evaluate my qualifications for a position with Swatara Township.

I authorize any representative of all of my present or former employers to divulge any information in its files pertaining to my employment records upon request, to any authorized agent of Swatara Township.

I hereby release, hold harmless, and agree to indemnify all present and former employers, and if applicable, their elected and appointed officials, employees and agents and all others from liability or damages that may result from furnishing information requested. I direct all present and former employers to release such information upon request of the duly appointed agent of Swatara Township.

I give Swatara Township the right to thoroughly investigate my background, previous employment, education and references in order to ascertain my suitability for employment with the Township. I release, hold harmless and agree to indemnify Swatara Township, its elected officials, agents and employees from and against any and all liability or damages which might result from conducting such an investigation.

A photocopy or facsimile of this release form will be valid as an original. This waiver is valid for a period of one year from the date of my signature.

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



SWATARA TOWNSHIP JOB APPLICANT DRUG / ALCOHOL TEST CONSENT

I, \_\_\_\_\_, understand that the Swatara Township policy on drug / alcohol abuse requires that all job applicants or new employees for positions requiring a Commercial Driver's License, (CDL), will be tested, and that management may request a test randomly and for "cause" for the presence of alcohol / drugs in my body. I acknowledge that a confirmed positive test may cause me to not be hired or to be removed from the payroll and subject to discipline up to and including discharge or with a recommendation to attend a drug / alcohol rehabilitation program. I fully understand that if I should refuse to take the test I will not be hired or could be suspended from my job without pay, or terminated for insubordination. I also understand that the test results will be kept in confidence and handled by authorized management personnel.

I hereby:     **consent**(    )            or **refuse** (    ) to take the drug / alcohol test.

I acknowledge that this document (or any accompanying document executed or delivered pursuant to or in connection with the Policy) is not intended to confer any contractual or other rights or claims in my favor.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature



# SWATARA TOWNSHIP

599 EISENHOWER BLVD.  
HARRISBURG, PA 17111-2397  
TELEPHONE: (717) 564-2551  
FAX: (717) 564-5895

## APPLICATION FOR CDL EMPLOYMENT

**Attach extra sheets if more space is needed for any of the following answers**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

### **Addresses for the past three years:**

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

### **List all Valid Commercial Motor Vehicle Licenses and/or Permits**

<u>Issuing State</u>	<u>License Number</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____

### **Nature and Extent of Driving Experience**

<u>Type of Equipment</u>	<u>Date From:</u>	<u>Date To:</u>	<u>Miles Driven:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICATION FOR CDL EMPLOYMENT**

**Accident Record for Past 5 Years**

<u>Date of Accident</u>	<u>Nature of Accident</u>	<u># Fatalities</u>	<u># Injuries</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Operating Privileges**

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes \_\_\_ No \_\_\_

Has any license, permit, or privilege ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If any answer is "Yes", attach a statement explaining details.

**Employment Record for Past 10 Years**

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**APPLICANT STATEMENT OF ACKNOWLEDGEMENT**

My signature below certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Swatara Township may require an applicant to provide additional information than that required by the Federal Motor Carrier Safety Regulations. The information provided above and from previous employers may be used for the purpose of investigating the applicant's work history.