

APPLICATION FOR EMPLOYMENT
TOWNSHIP OF SOMERSET

POSITION APPLYING FOR _____ DATE _____

NAME _____ GENDER _____ MALE _____ FEMALE _____
(Last) (First) (MI)

ADDRESS _____

PHONE _____ DRIVER'S LICENSE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

EDUCATION (List colleges, high schools with most recent first)

NAME	ADDRESS	DATES	GRADUATED

WORK EXPERIENCE (List most recent first)

EMPLOYER NAME, ADDRESS & PHONE	DATES OF EMPLOYMENT	SUPERVISOR

MAY WE CONTACT YOUR EMPLOYER? _____ MAY WE CONTACT YOUR SUPERVISOR? _____

SPECIAL CERTIFICATIONS, RATINGS, CLASSIFICATIONS WHICH WILL HELP YOU ON THIS JOB: _____

Do you have any impairment, physical, mental or medical, which would interfere with your ability to do the job for which you have applied? NO _____ YES _____ (If yes, please explain)

OTHER INFORMATION YOU FEEL THE TOWNSHIP SHOULD KNOW: _____

GIVE TWO (2) BUSINESS REFERENCES WITH ADDRESS AND PHON (Other than employers listed above:

1. _____

2. _____

GIVE TWO (2) PERSONAL REFERENCES WITH COMPLETE ADDRESS AND PHONE NUMBER:

1. _____

2. _____

Have you ever been convicted of or pled guilty or "no contest" to a criminal charge? YES _____ NO _____

Are you currently awaiting trial, sentencing or disposition of a criminal charge? YES _____ NO _____

Have you ever been a defendant in a civil action for intentional tort(s)? (Intentional torts include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, conversion) ? YES _____ NO _____

If you answered Yes to the above 3 questions, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status: _____

I understand that a criminal records check may be necessary prior to employment. If such report is required, I understand that, in compliance with federal law, the township will provide me with a written notice regarding the use of this report and will also obtain a separate written authorization from me to consent to this report.

If hired, in consideration of my employment, I agree to abide by the rules and policies of the Township of Somerset. I further agree that such employment and all compensation can be terminated with or without cause, an with or without notice, at any time.

By signing below, you are certifying that the above information is true and correct and allowing the Township of Somerset to contact any and all references listed on this application.

Signature

_____ Date