



# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

SS#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years or older: yes  no

Are you a citizen of the United States, by either birth or naturalization? yes  no

## CRIMINAL ACTIVITY

Have you ever been indicted, arrested or charged with a crime by a law enforcement agency? yes  no

If yes, list the date(s), reason(s), agency and disposition of incident(s):

\_\_\_\_\_

Have you ever been convicted of a crime, placed on court ordered community supervision or probation?

yes  no

If yes, list the county/state, date, reason, and disposition of each incident.

\_\_\_\_\_

Have you been involved in any court action, civil, or criminal? yes  no

If yes, list the date, reason, and disposition of each incident?

\_\_\_\_\_

Have you ever been issued a citation for a traffic/non-traffic violation? yes  no

If yes, complete the following section.

DATE	VIOLATION	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATION

<b>HIGH SCHOOL ATTENDED</b>		
<b>LOCATION</b>	City:	State:
<b>DATES ATTENDED</b>	From:	To:
<b>DIPOLMA RECEIVED</b>	Yes:	No:

<b>COLLEGE ATTENDED</b>		
<b>LOCATION</b>	City:	State:
<b>DATES ATTENDED</b>	From:	To:
<b>DIPOLMA RECEIVED</b>	Yes:	No:

<b>OTHER</b>		
<b>LOCATION</b>	City:	State:
<b>DATES ATTENDED</b>	From:	To:
<b>DIPOLMA RECEIVED</b>	Yes:	No:

## PREVIOUS EMPLOYMENT

Please list below your last two employers, starting with the most recent.

<b>EMPLOYER NAME</b>		
<b>ADDRESS</b>		
<b>CONTACT NUMBER</b>		
<b>DATES OF EMPLOYMENT</b>	FROM:	TO:
<b>POSITION HELD</b>		
<b>REASON FOR LEAVING</b>		

<b>EMPLOYER NAME</b>		
<b>ADDRESS</b>		
<b>CONTACT NUMBER</b>		
<b>DATES OF EMPLOYMENT</b>	FROM:	TO:
<b>POSITION HELD</b>		
<b>REASON FOR LEAVING</b>		

## REFERENCES

List two (2) persons who know you well enough to provide current information about you. Do not list relatives. Please include complete mailing addresses and phone numbers.

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Number: \_\_\_\_\_      Years Known: \_\_\_\_\_  
 Relationship (family friend, former employer, present employer, etc.): \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Number: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Relationship (family friend, former employer, present employer, etc.): \_\_\_\_\_

**SPECIAL SKILLS/TALENTS/OUALIFICATIONS**

List all special skills, qualifications, certifications, or foreign languages you may speak. Include skills that you believe would be beneficial to this department.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER**

I certify that there are no misrepresentations, falsifications, or omissions in the foregoing statements and answers. ALL entries in this application are true, complete and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further state that I have personally written/typed this application.

*Adams Township is an equal opportunity employer. Adams Township does not discriminate based on race, age or any other legally protected status.*

\_\_\_\_\_  
Printed or Typed Name of Applicant

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

\_\_\_\_\_  
Date Application Completed

**ADAMS TOWNSHIP AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of **ADAMS TOWNSHIP** whether the said records are of a public, private, or confidential nature.

The intent of this authorization is give my consent for full and complete disclosure of the record of: educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; employment and pre-employment records, including background reports, polygraph reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by **ADAMS TOWNSHIP**.

I also certify that any person (s) and governmental entit(y)(ies) who furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entit(y)(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the Township of Adams from any claim or demand related to the Township of Adams and/or considering any such information.

I authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other law enforcement agencies.

A photocopy or facsimile copy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Contact Number

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Applicant's City, State, and ZIP Code