



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

HIGH SCHOOL ATTENDED		
LOCATION	City:	State:
DATES ATTENDED	From:	To:
DIPOLMA RECEIVED	Yes:	No:

COLLEGE ATTENDED		
LOCATION	City:	State:
DATES ATTENDED	From:	To:
DIPOLMA RECEIVED	Yes:	No:

OTHER		
LOCATION	City:	State:
DATES ATTENDED	From:	To:
DIPOLMA RECEIVED	Yes:	No:

PREVIOUS EMPLOYMENT

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

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

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

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.): _____

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 and that I have solely filled out this application without aid or assistance from any person or persons.

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