## JOB APPLICATION

FormSwift: Create your job-application!

## Montgomery Township 1220 Cush Creek Rd, Cherry Tree, Pennsylvania 15724 814-845-2240

Montgomery Township is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

<u>Applicant Information</u>			
Applicant Name:			
Address:			
City, State and Zip Code:			
Telephone Number:			
Email Address:			
Date of Application:			
Employment Position  Position(s) applying for: Laborer/Light Equipment Ope	rator ( part time)		
How did you hear about this position?			
What days are you available for work?			
What hours or shift are you available for work?			
On what date can you start working if you are hired? Do you have reliable transportation to and from work?			
Personal Information			
Have you ever applied to or worked for Montgomery	Township before?	Yes	No
If yes, when?			
Are you 18 years of age or older?		Yes	No
Are you a U.S. citizen or approved to work in the Unite	ed States?	Yes	No
What document can you provide as proof of citizensh	ip or legal status?		

Do you have any condition which would require job accommodations?  Yes  If yes, please describe accommodations required below.					
If yes, please describe accommodations required below.  Have you ever been convicted of a criminal offense (felony or misdemeanor)?  If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:  (Note: No applicant will be denied employment solely on the grounds of conviction of a crim offense. The date of the offense, the nature of the offense, including any significant details that after the description of the event, and the surrounding circumstances and the relevance of the offense the position(s) applied for may, however, be considered.)  Job Skills/Qualifications  Please list below the skills and qualifications you possess for the position for which you are applying the statement of the skills and qualifications are sential functions.)  (Note: Montgomery Township complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)  Education and Training  High School  Name  Location (City, State)  Year Graduated  Degree Earned  Vocational School/Specialized Training  Name  Location (City, State)  Year Graduated  Degree Earned	Will you consent to a man	datory controlled substance	test?	Ye	s No
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Education and Training         High School         Name       Location (City, State)       Year Graduated       Degree Earned         College/University       Name       Location (City, State)       Year Graduated       Degree Earned         Vocational School/Specialized Training       Name       Location (City, State)       Year Graduated       Degree Earned		nd qualifications you posses	s for the position for v	vhich you are a	pplying:
High School  Name Location (City, State) Year Graduated Degree Earned  College/University  Name Location (City, State) Year Graduated Degree Earned  Vocational School/Specialized Training Name Location (City, State) Year Graduated Degree Earned  Degree Earned	(Note: Montgomery Townsh	ip complies with the ADA ar	nd considers reasonabl	le accommodat	ion
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College/University  Name Location (City, State) Year Graduated Degree Earned  Vocational School/Specialized Training  Name Location (City, State) Year Graduated Degree Earned	High School				
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Name Location (City, State) Year Graduated Degree Earned		Location (City, State)	Year Graduated	Degree Ea	rned
Name Location (City, State) Year Graduated Degree Earned					
Military:			Year Graduated	Degree Ea	rned
Military:					
	Military:				
Are you a member of the Armed Services?		rmed Services?			

Provious Employment	
<u>Previous Employment</u> Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

## <u>AT-WILL EMPLOYMENT</u>

The relationship between you and the Montgomery Township is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Montgomery Township. No representative of Montgomery Township has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.