



# Employee Application

Blendon Township is an Equal Opportunity Employer

Applicant Information			
Last Name	First	M.I.	Date
Street Address			Apt/Unit#
City	State	Zip	
Phone	E-mail		
SSN#	DOB*:		
Position Applied for:			Date Available:
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you applied to Blendon Township before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?			
Have you ever been convicted of a felony or misdemeanor? ** Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain.			

Education		
Highschool	Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
College	Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Subjects Studied		
Other Education	Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Degree/Subjects Studied		

References		
Full Name	Relationship	
Company	Address	Phone
Full Name	Relationship	
Company	Address	Phone
Full Name	Relationship	
Company	Address	Phone

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Employment History		
Company	From	To
Address		Phone#
Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Responsibilities		
Company	From	To
Address		Phone#
Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Responsibilities		
Company	From	To
Address		Phone#
Supervisor	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Responsibilities		

Special Questions
Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what can be done to accomodate your limitation(s)?
Emergency Contact
Address
Phone
<input type="checkbox"/> I understand and agree that I may be required to take one or more: physical examination(s); drug test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by Blendon Township and to release Blendon Township, its directors, officers or employees from any claim arising in connection with the use of such test(s).

Disclaimer and Signature
<p>I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.</p> <p>I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.</p> <p>I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED ANY TIME WITHOUT PRIOR NOTICE.”</p>
Signature
Date