

White Township Supervisors

950 Indian Springs Road
Indiana, PA 15701

EMPLOYMENT APPLICATION

Name: _____
Last First M.I.

Mailing Address: _____
Street/P.O. Box

City State Zip Code County

Home Phone No: _____ Cell Phone No. _____

U.S. Citizen? Yes No If No, give your Alien Certificate# _____

Are you employed? Yes No If yes, Full-Time Part-Time

Are you in school? Yes No If yes, Full-Time Part-Time

Highest Grade Level Completed _____ GED High School Diploma College Degree

Type of Degree _____ Course of Study _____ School _____

Are you a Veteran? Yes No If Yes, Entry Date _____ Release Date _____

Are you available for: (check all that apply)

Full-Time Part-Time Permanent Temporary Summer Only

If your application is considered, on what date will you be available to start work? _____

Job Preference (Type of work you are seeking) _____

Location applied for: Township Office Rec Complex

Do you have a valid PA driver's license? _____ Do you have a valid CDL license? _____

Has your license ever been suspended? _____

Have you ever been convicted of a crime (except minor traffic violation)? _____

Experience / Training

Truck Driving _____	Snow Plow _____	Back Hoe _____	Front Loader _____	Grader _____
Paver _____	Tractor Mower _____	Roller _____	Welding _____	Electrical _____
Computer _____	Typewriter _____	Dictation _____	Construction _____	(Skill) _____

Work History – (List last 2 jobs – attach a sheet for additional jobs)

Employer: _____ Job Title _____

City: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Pay Rate: _____ Number of Hours worked each week: _____

Describe your job duties (include software, tools, machines, equipment and materials used)

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City: _____ Reason for Leaving: _____

Start Date: _____ End Date: _____

Pay Rate: _____ Number of hours worked per week? _____

Describe your job duties (include software, tools, machines, equipment and materials used)

References

Name	Occupation	Present Address	Phone Number
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Please initial all of the following:

I authorize you to do reference checks with my former employers _____

I authorize you to conduct drug and alcohol testing _____

I authorize you to conduct a criminal background check _____

_____ Signature

_____ Date