

## Township of Salem Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**



**APPLICATION FOR EMPLOYMENT  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

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TOWNSHIP OF SALEM APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  
Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**OFFICE ONLY**

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other	_____	Skills	_____	_____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**TOWNSHIP OF SALEM APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name.    **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From To	Pay or salary  Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Your Last Job Title			

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May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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PLEASE READ CAREFULLY

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**TOWNSHIP OF SALEM APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the Township of Salem, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Township practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Township of Salem, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chairman of the Board of Supervisors of Salem Township. Both the undersigned and the Township of Salem may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Township of Salem may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Township of Salem permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Township of Salem from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Township of Salem may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Township of Salem, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Township of Salem shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Township of Salem is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The Township of Salem is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the Township of Salem depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.                      Weight \_\_\_\_\_                      Birth date \_\_\_\_\_  
 Married  Yes  No    If married, how long? \_\_\_\_\_                       Single     Separated     Divorced     Widowed  
 Full name of spouse \_\_\_\_\_                      Occupation \_\_\_\_\_  
 Name of company \_\_\_\_\_                      Telephone (\_\_\_\_) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_                      Telephone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_                      Relationship \_\_\_\_\_

**FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS**

NAME	RELATIONSHIP	BIRTH DATE	

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_                      Job title \_\_\_\_\_                      Dept. \_\_\_\_\_  
 Location \_\_\_\_\_                      Rate of pay \_\_\_\_\_                       Full-time     Part-time      
 Salaried \_\_\_\_\_  
 Applicant's signature acknowledging above information \_\_\_\_\_  
 Name of person verifying information \_\_\_\_\_  
 Name of person authorizing employment \_\_\_\_\_