



# ELIZABETH TOWNSHIP

522 ROCK RUN ROAD • ELIZABETH, PA 15037

PHONE: 412-751-2880 • FAX: 412-751-6002

www.elizabethtownshippa.com

## Application for Employment

*Elizabeth Township is an equal opportunity employer, dedicated to a policy of non-discrimination of any kind regardless of age, color, race, sexual orientation, gender, religion, ethnicity, nationality or anything that may separate an individual from another.*

### Personal Information

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City City Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ If under 18, list age: \_\_\_\_\_

License/ID #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security: \_\_\_\_\_

License

ID

*We will use this information for employment purposes only and make reasonable efforts to protect your privacy.*

Position Applying For: \_\_\_\_\_ Date you can Start: \_\_\_\_\_

Currently Employed? Yes  No  If yes, where: \_\_\_\_\_

### Education

	Name and Location	Circle Last Year Completed	Did You Graduate?	Major/Minor (if applicable)
High School		1 2 3 4	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
College/Graduate School		1 2 3 4 5 6	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
Trade School		1 2 3 4	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
Other		1 2 3 4 5 6	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	



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## Skills and Qualifications

Please briefly list some skills you think are appropriate to the position you are applying for:

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## Previous Work History

Please list below you previous three employers, starting with the most recent (if applicable):

Name of Employer	Phone Number	Supervisor	Position	Time of Employment		Reason for Leaving
				To	From	

## References

List below three persons not related to you, whom you have known for at least 3 years:

Name	Address	Phone	Relation	Years Acquainted



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If you are to be hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## AUTHORIZATION STATEMENT

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in the application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term rate, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the Company unless made in writing by an authorized Company representative.**

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examination and tests and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent of the law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all the Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature

Date

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