

# MOUNT JOY TOWNSHIP

902 Hoffman Home Road, Gettysburg, PA 17325  
(717) 359-4500

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How did You Learn About Us? <input type="radio"/> Advertisement <input type="radio"/> Friend <input type="radio"/> Inquiry <input type="radio"/> Employment Agency <input type="radio"/> Relative <input type="radio"/> Other _____
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Last Name	First Name	Middle Initial
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number
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Specialized Skills ( <i>Skills/Equipment Operated</i> )	Machinery/Equipment	Other
<input type="radio"/> Comuter/PC <input type="radio"/> Spreadsheet	_____	_____
<input type="radio"/> Typewriter <input type="radio"/> Word Processing	_____	_____
<input type="radio"/> WPM _____ <input type="radio"/> Copier	_____	_____

Please list computer applications you have used: \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activites: \_\_\_\_\_

Best time to contact you at home is: ____:____ AM/PM	Date available for work: ____/____/____
Do you have a valid PA driver's licentse? Y N	Do you have a Commercial Driver's Licent (CDL)? Y N
May we contact your current employer? Y N	Are you available to work ____ Full-time ____ Part-time

**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

**WORK EXPERIENCE**

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Startup	Final	
Supervisor			

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Supervisor			

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Occupation
1.		
2.		
3.		

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my applicaiton or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date