

Upper Hanover Township Application for Employment

[Pre-employment Questionnaire] [An Equal Opportunity Employer]

Date: _____

Last name: _____ First Name: _____ Middle Initial: _____

Present Address: _____
Street Address City State Zip code

Cell Phone: _____ Email Address: _____

Home Phone: _____ Are you 18 Years of age or older? Yes ____ No ____

ARE YOU PREVENTED FROM BECOMING LAWFULLY EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes ____ No ____

EMPLOYMENT DESIRED

1. Position Desired: _____ Date you can start: _____

2. Can you perform the functions of the job without any manner of special accommodation? (Pre-hire drug testing and physical or letter from primary physician may be required) ____ Yes ____ No

3. Wage Rate/Salary Desired: _____ Are you employed now? _____

If so, may we inquire of your present employer? _____

4. Have you ever applied to UHT before? ____ When? ____ Position? ____

5. Do you have a valid Pennsylvania Drivers License? _____

6. Do you have a valid Pennsylvania Commercial Drivers License? _____

If yes, what classification? _____

EDUCATION

	Name of School and Location	Number of Years Attended	Did you Graduate?	Subjects/Major/Certificate Subject
High School				
College				
Trade, Business, or Vocational School				
Postgraduate School				

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GENERAL

What areas of study, work experience or special skills do you have that relate to the job you are seeking?

What special skills, certifications or licensing do you have that would be beneficial to the Township relative to the position you are seeking?

What activities and organizations are you involved with? (Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)

U.S. Military or Naval Service: _____ (Branch and Rank)

Are you currently an active member of the National Guard or Reserves? Yes _____ No _____

FORMER EMPLOYERS [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST]

DATE MONTH & YEAR	NAME, ADDRESS OF EMPLOYER	WAGE EARNED	POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR AND WHOM YOU AUTHORIZE US TO CONTACT.

Name & Email	Address	Business	Years Acquainted

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

If employed, in consideration of my employment, I agree to conform to the Township's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option.

If employed as a CDL Driver, I understand that I will be subject to the Township's CDL Drug and Alcohol Testing Program. I understand that Pre-employment drug and alcohol testing indicating a negative result, a license driving, and background check and a physical examination may be required for all positions at the Township and successful passage a condition of employment. I hereby authorize these tests and background checks.

DATE: _____ SIGNATURE _____