

FORKS TOWNSHIP

Northampton County, Pennsylvania

Forks Township is an Equal Opportunity Employer. We consider Applicants for all positions without regard to Race, Color, Religion, Sex, National Origin, Age, Marital, or Veteran Status, the presence of a Non-Job related Medical Condition or Handicap or any Legal Protected Status.

First Name Last Name Date of Application

Address

E-mail Address

Phone

Which position are you applying for?

Administrative Assistant	Accounts Payable
Accounts Receivable	Assistant Building Inspector
Community Center Monitor	Facilities Manager
Finance Director	Human Resource Manager
Public Works Director	Parks and Recreation Director
Parks Laborer	Parks Laborer Seasonal
Parks Manager	Public Works Laborer
Police Chief	Police Officer
Recreation Manager	Secretary
Township Manager	Zoning Officer
Other	

If you are under (18) years of age, can you provide required proof of your eligibility to work?

Yes No

Do you have a Pennsylvania Driver's License?

If yes, please list class.

Yes No

Have you ever filed an Application with us before? If yes, please give date.

Yes No

Have you ever been employed with us before? If yes, please give date.

Yes No

Are you currently employed? May we contact your present employer?

Yes No Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

****Proof of Citizenship or Immigration Status will be required upon employment. ****

Yes No

On what date would you be available for work? Are you available to work:
Full Time Part Time

Are you currently on "Lay-Off" Status and subject to recall?

Yes No

Can you work overtime when needed?

Yes No

Have you ever had any job-related training in the United States Military? If yes, please describe.

Yes No

Are you physically unable to perform the duties of the job in which you are applying for?

Yes No

Have you been convicted or plead guilty to a crime or misdemeanor within the last (7) years?

****Conviction will not necessarily disqualify an applicant from employment. ****

Yes No

If yes, please explain

Education

Highest Grade Complete

Diploma/Degree

State any additional information you feel may be helpful to us in considering your application.

References

First Name Last Name

E-mail Address Phone

First Name Last Name

E-mail Address Phone

First Name Last Name

E-mail Address Phone

Employment Experience

Employer Dates Employed Phone

Address

Job Title Work Performed

Reason for Leaving

Employer

Dates Employed

Phone

Address

Job Title

Work Performed

Reason for Leaving

Employer

Dates Employed

Phone

Address

Job Title

Work Performed

Reason for Leaving

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Applicant's Statement

Certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

Signature of Applicant

Date