## APPLICATION FOR EMPLOYMENT

Moon Township is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, gender identity, genetic information, disability, or any other characteristic protected by law. All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

## Instructions:

This a This application must be completed in its entirety. Please print in ink or type. If you need assistance in completing this application form because of a disability, please notify the Assistant Manager at (412) 262-1700

| at (412) 262-1700.                             |   |                      |                           |          |  |
|--|---|----------------------|---------------------------|----------|--|
| Full Time Part Time Position Desired:          |   |                      |                           |          |  |
| Name:  |   | Middle               | First                     |          |  |
| Address:                                       | Street  | City                 | State                     | Zip Code |  |
| Phone:   | Daytime   | Evoning              |                           |          |  |
| Police, Fire and Public Works Applicants ONLY: |   |                      |                           |          |  |
| Driver's License Number                        | ::  |                      | Issuing State:            |          |  |
| Select One                                     |   |                      |                           |          |  |
| Yes No   | Are you at least 18 y   | years old?           |                           |          |  |
| Yes No   | If no, do you have a work: permit?  |                      |                           |          |  |
| Yes No   | Are you a United States citizen or authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) |                      |                           |          |  |
| Yes No   | Have you ever been  | employed by Moon Tow | nship: If yes, give date( | s).      |  |
| Yes No   | No May we contact your current employer? If no, please identify someone familiar with your performance that we may contact.                               |                      |                           |          |  |
|  |   | Name                 | Phone Number              |          |  |

| Can you work:                                   |  |
|---|--|
| Yes No Weekdays?                                |  |
| Yes No Evenings?                                |  |
| Yes No Weekends?                                |  |
|   |  |
| EMPLOYMEN                                       | T HISTORY                                    |
| List all employment for the past ten years, beg | inning with current or most recent position. |
| Employer:                                       | Job Title:                                   |
| Dates Employed:                                 |  |
| Address:  |  |
| Supervisors Name:                               |  |
| Hourly Rate/Salary- Starting:                   | Ending:                                      |
| Description of Duties:                          |  |
|   |  |
| December 1 agricum                              |  |
| Reason for Leaving:                             |  |
|   |  |
|   |  |
| Employer:                                       | Job Title:                                   |
| Dates Employed:                                 |  |
| Address:  |  |
| Supervisors Name:                               |  |
| Hourly Rate/Salary- Starting:                   |  |
|   |  |
| Description of Duties:                          |  |
|   |  |
| Reason for Leaving:                             |  |
|   |  |

| Employer:   |          | Job Title:                  |       |  |  |
|---|----------|-----------------------------|-------|--|--|
| Dates Employed:   |          |                             |       |  |  |
| Address:  |          |                             |       |  |  |
| Supervisors Name:   |          | Supervisor's Number:        |       |  |  |
| Hourly Rate/Salary- Starting:   |          | Ending:                     |       |  |  |
| Description of Duties:  |          |                             |       |  |  |
| Reason for Leaving:   |          |                             |       |  |  |
|   | FD       | UCATION                     |       |  |  |
| Last High School Attended:  |          |                             |       |  |  |
|   |          |                             |       |  |  |
|   |          | tificate?                   |       |  |  |
|   |          | or Apprenticeship Programs: |       |  |  |
| Name  | Location | Degree                      | Years |  |  |
| Name  | Location | Degree                      | Years |  |  |
| Name  | Location | Degree                      | Years |  |  |
|   | =="      | IILITARY                    |       |  |  |
| Branch of Service:  |          |                             |       |  |  |
| Rank at Separation:   |          | Reserve Requirements:       |       |  |  |
| Specialized Training:   |          |                             |       |  |  |
| OTHER QUALIFICATIONS  |          |                             |       |  |  |
| Summarize special skills, abilities or experiences which qualify you for this position. |          |                             |       |  |  |
|   |          |                             |       |  |  |

## **REFERENCES**

| Please list three references other than relatives or former employers:   |   |  |  |  |
|--|---|--|--|--|
| Name   | Relationship  |  |  |  |
| Address  | Phone Number  |  |  |  |
| Name   | Relationship  |  |  |  |
| Address  | Phone Number  |  |  |  |
| Name   | Relationship  |  |  |  |
| Address  | Phone Number  |  |  |  |
| Yes No Have you ever been convicted of a felony or misdemeanor?  If YES, explain.  |   |  |  |  |
|  |   |  |  |  |
| Please attach a resumé if available.  CERTIFICATION, AUTHORIZATION AND AGREEMENT   |   |  |  |  |
| "I certify that the information supplied by me on this application and in my resume, if any, is true and complete and does not contain any falsifications, omissions or concealment of material fact. I authorize Moon Township to investigate the truth of this information and of any other information that may be supplied during a pre-employment interview. I further authorize every school, employer, person, and agency identified by me on this form or in my resume to release any and all verifying information Moon Township may solicit from It or them. I further authorize Moon Township to investigate any felony or misdemeanor convictions in my criminal history which are directly related to my suitability for employment in the position for which I have applied. If my application is denied in whole or in part because of information contained in a criminal records report, Moon Township will advise me." |   |  |  |  |
|  | former employers, and educational institutions and programs and every other person ability for any damage or injury arising out of the release of Information requested by  |  |  |  |
| implied, that I will be hired. I further understand that N   | ptance of this employment application does not constitute any promise, expressed or Moon Township does not guarantee anyone employment for any specific length of time. is at-will and may be terminated by either me or by Moon Township without notice or |  |  |  |
|  | byment Moon Township may make to me (and, If I am hired, my continued employment) erifying that I am authorized to work in the United States and may be contingent upon ug tests."  |  |  |  |
| "I certify that I am not a party to any contract or other o in anyway."  | bligation which would limit, interfere with or restrict my ability to work for Moon Township  |  |  |  |
| "I hereby acknowledge that, have read this section of form."   | the employment application and fully understand the meaning and effect of signing this  |  |  |  |
| Signed       The Township of Moor         1000 Beaver Grade Ro       Moon Township, PA 15         Date       412-262-1700  |   |  |  |  |