

Application for Employment PARADISE TOWNSHIP

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions, or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume"). Applications with missing information will not be considered for any position.

Today's Date	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:
Telephone:		
Are you eligible to work in the United States?	___ Yes ___ No	
Are you 18 years of age or older?	___ Yes ___ No	If NO, what is your current age?
Are you currently employed?	___ Yes ___ No	If YES, what is your current job title & department?
Have you ever been employed by Paradise Township?	___ Yes ___ No	If YES, dates of employment & reason for leaving:
Are you related to any current Paradise Township employee?	___ Yes ___ No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license/commercial driver's license?	___ Yes ___ No	If YES, State of issuance, license#, and expiration date:

EDUCATION

Name of School	City/State	Did you Graduate	If No, # of years left to graduate	Degree received/Major
High School:		___ Yes ___ No		
GED:		___ Yes ___ No		
Other School:		___ Yes ___ No		
College:		___ Yes ___ No		
College:		___ Yes ___ No		
College:		___ Yes ___ No		

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and not your level of proficiency (basic, intermediate, expert).

WORK EXPERIENCE: Please detail your work history. Begin with current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume".

Dates Employed (most recent position) From: To:	___ Full time ___ Part time If part time, # hrs./week ___	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone#:	Contact my current references: ___ At any time ___ Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:
Dates Employed: From: To:	___ Full time ___ Part time If part time, # hrs./week ___	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone#:	Contact my current references: ___ At any time ___ Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:

Dates Employed From: To:	___ Full time ___ Part time If part time, # hrs./week ___	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone#:	Contact my current references: ___ At any time ___ Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:
Dates Employed From: To:	___ Full time ___ Part time If part time, # hrs./week ___	Title:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone#:	Contact my current references: ___ At any time ___ Only if I am a finalist candidate
Primary Duties:		Reason for Leaving:

PLEASE READ CAREFULLY THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. If employed, I will be required to furnish proof of eligibility to work in the United States.

Applicant Signature: _____ Date: _____