

Dover Township
2480 W. Canal Road
Dover, Pa 17315
717-292-3634

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Please print all information

NAME: _____ **PHONE:** (____) _____
Last First Middle Daytime Number

ADDRESS: _____ **PHONE:** (____) _____
City, State, Zip Code Evening Number

Would you prefer to be contacted during
the day, evening, doesn't matter

List the title of the job for which you are applying or indicated the type of work you are interested in:

Are you available for: full time work daytime work temporary, occasional, or seasonal work
(check all that apply) part time work evening or night work

EDUCATION:

Circle highest year completed: Elementary 1 2 3 4 5 6 7 8 High 9 10 11 12 College/Tech 1 2 3 4 5 6

	NAME OF SCHOOL	ADDRESS	YEARS ATTENDED	DID YOU GRADUATE	MAJOR	DEGREE
HIGH SCHOOL						
COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS						

List any other training, seminars, correspondence courses, etc. that would have a bearing on your qualifications:

WORK HISTORY

As a minimum, list all jobs and periods of unemployment in the last 10 years, that lasted over 30 days. List all jobs that have a bearing on your qualifications for the work you are applying for, regardless of when they occurred. Include military experience if applicable. Use a blank sheet or an additional form if more space is required. Your current employer will not be contacted without your permission. Start with your present or most recent job.

Current or most recent employer:	Your Job Title:
Address:	Describe Your Duties:
Date employed: From: To:	
Name of Supervisor:	Why did you leave (or wish to leave) this job?
Current or Final Pay Rate:	

Name: _____ Date: _____

Current or most recent employer:	Your Job Title:
Address:	Describe Your Duties:
Date employed: From: To:	
Name of Supervisor:	Why did you leave (or wish to leave) this job?
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Current or Final Pay Rate:	

Check here if more information is attached.

For any of the previously listed schools or employers who knew you by another name, list it here:

Last First Middle

Are you able to perform the work of the job for which you are applying? yes no (If no, see supplemental form or attach an explanation of any accommodations needed). The employer will make reasonable accommodations if necessary to enable you to perform a job. The need for a reasonable accommodation will not be a factor in consideration for employment.

PLEASE ANSWER THE QUESTIONS ON THIS PAGE ONLY IF THEY ARE APPLICABLE TO THE TYPE OF WORK YOU ARE APPLYING FOR.

Application Supplement

Essential Function Information

Position of _____ requires that you be able to perform following functions:

THE EMPLOYER:

Describe duties that require walking, climbing, use of physical strength, force, or endurance; communication with others including talking, reading, writing, listening, seeing; exposure to inclement weather; exposure to stressful situations; operating a vehicle; manipulating tools or machinery; producing products or services at a specified rate of speed; working prolonged hours, unusual schedules; entering confined spaces.

THE APPLICANT:

I have reviewed the above list of job functions and believe that:

- I can fully perform all the functions.

- I cannot perform all the functions. (Checking this box may result in your being disqualified for this job. Please explain below if there are additional considerations of which we should be aware.)

Signature _____
Date _____