

**APPLICATION FOR EMPLOYMENT  
Monroe Township**

03172007

- Follow instructions carefully
- Provide detail – do not use “see resume”
- If accommodation or assistance is needed in completing this application, contact the employing agency.
- Print or type
- Check for errors & signature before submitting

Position applying for:	Position Number	Requisition Number
------------------------	-----------------	--------------------

**General Information**

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code

Have you ever applied for employment at Monroe Township?  
 No  Yes If yes, please indicate when and what position that was applied for.

Can you provide proof, if hired, that you are eligible to work in the United States?  
 Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  
 Yes  No  
 If yes, please explain  
 (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

How did you learn about this opening?

**Education and/or Training**

Did you graduate from high school or receive a GED Certificate?  Yes  No

SCHOOL NAME AND LOCATION <small>(college, business, nursing, vocational, or other)</small>	Number of Credits		Field		Did you graduate?	Diploma or degree earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Computer skills, related volunteer experience, and other education/training/skills:

**License or Certification**

License/Certification	State	Profession	License/Certification #	Expiration Date

**Employment History:** (Provide detail; do not use "see resume.")

- Start with your current or last job – include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- Complete pages 3 and 4 if you have additional employment history.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
<b>1.</b>	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
<b>2.</b>	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	
<b>3.</b>	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Go on to page 3 if you have additional employment history.

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed. A typed name is considered a signature. I understand that all employees of the Township are employed at-will, which means that either the Township or the employee may terminate the employment relationship at any time, with or without notice and for any and no reason. I further understand that by signing this application I authorize the Township to perform a background check and be fingerprinted as may be necessary in arriving at an employment decision.

\_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature

**Equal Opportunity Employer**

Monroe Township does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability.

Name:	
-------	--

**Additional Employment History:**

4.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

5.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

6.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
Duties:			
Monthly Salary		Reason for Leaving	

Name:

**Additional Employment History:**

7.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From:                      To:		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		

8.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From:                      To:		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		

9.	Employer	Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed (indicate months & years) From:                      To:		Average Hours Worked Per Week
Duties:			
Monthly Salary	Reason for Leaving		