

Office of the Commissioners 1840 Municipal Drive

Subjects of special study or research work: __

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)
(An Equal Opportunity Employer)

For Office Use Only!	
Date Hired	

Lancaster, PA 17601-410	(An Equal Opportunity Employer)		Program Rate of Pay Payroll No	
PERSONAL INFORMATION	ON		•	
Social Security #	Valid Driver's License # _		Type or Class	State
Last	First		Middle	
Present Address	Street City		State	Zip
Parmanant Address	. ,			p
Permanent Address	Street City		State	Zip
Phone No. (Home)	(Cell)		_ (Work)	
E-mail Address:				
IF EMPLOYED AND YOU	ARE UNDER 18, CAN YOU FURNISH A W	ORK PERMIT?	-	Yes No
ARE YOU EITHER A U.S.	CITIZEN OR AN ALIEN AUTHORIZED TO	WORK IN THE UNIT	TED STATES?	Yes No
EMPLOYMENT DESIRED				
Position Date you can start? Salary			Desired?	
Are you employed now? _	If so, may we inquire of you	r present employer?		
Have you ever applied to I	Manheim Township?	When?		
EDUCATION	Name & Location of School	Number of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

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Special Skil	Special Skills:					
Activities (C	ivic, Athletic, etc.):					
	lude organizations, the names on the names of the names o	of which indicate the race, creed,	sex, age, marital status	s, color, disability or natior	al of origin of its	
List any exp	erience for the job for which	you are applying:				
U.S. Military	or Naval Service	Rank Prese	nt Membership in Na	ational Guard or Reserv	/es	
Have you ev	ver been convicted of a felon	y or a misdemeanor?	Yes	No		
(Co	nviction will not necessarily disc	ualify you from employment.)				
If yes, expla	in:					
Has your dr	ver's license ever been susp	ended or revoked?	Yes N	No		
If yes, why?						
Have you ev	ver been involved in an autor	nobile accident?	Yes N	No		
If yes, date	and location:					
FORMER E	MPLOYERS (List below last	four employers, starting with	most recent employ	er. Attached additional	sheets if necessary):	
Month and Year	Name and Ad	dress of Employer	Salary	Position	Reason for Leaving	
From To						

Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

REFERENCES: Give the names of three (3) persons not related to you, whom you have known at least one year. Please note if reference is personal (P) or work related (W) after name.

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

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in case of emergency, notify:	Name	Address	Phone No.	
By signing below:				
(a.) "I certify that the facts contain statements on this application sha			of my knowledge and understand that, if employed,	falsified
	rtinent information they ma		above to give you any and all information concernin e, and release all parties from all liability for any dar	
(c.) I agree that I may be required obtained before employment can		amination by a Township desi	gnated physician and understand that medical appr	oval must be
(d.) I acknowledge that Manheim regard to Race, Religion, Color, S			olicants receive lawful consideration for employmen	t without
			eriod of time and may, regardless of the date of paylee, and that I may conclude employment with the To	
Date	Signature			
	DO	NOT WRITE BELOW T	HIS LINE	
Interviewed by:			Date:	
Comments:				
Hired: Yes			Department	
Salary / Wage \$		Payroll No	First Date Reporting to Work:	
Approved:				

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