

TOWNSHIP OF WASHINGTON
Employment Application

Date: _____

Applicant Information:

Name (Last, First, Middle): _____

Address: _____

City/Town: _____

Phone (Cell): _____ (Home): _____

Email _____

Position applied for: _____

Have you ever applied to Washington Township _____ Yes _____ No If yes, give date _____

~~Date~~ you can start: _____ Salary desired: _____

Are you available to work: _____ Full time _____ Part time _____ Shift work _____ Temporary

Are you currently employed: _____ Yes _____ No May we contact you at work: _____ Yes _____ No

May we contact your current employer: _____ Yes _____ No

Are you currently on layoff status and subject to recall: _____ Yes _____ No

Do you possess a current driver's license: _____ Yes _____ No

Do you possess a current commercial driver's license: _____ Yes _____ No

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: _____ Yes _____ No

Are you legally eligible to work in the United States of America: _____ Yes _____ No

Pursuant to Federal Law, proof of US Citizenship or immigration status will be required if you are hired.

The Township of Washington is an Equal Opportunity Employer M/F

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent. Include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			
Employer:	Date started:	Date left:	Work performed/ responsibilities:
Address:	Starting Salary:		
Job Title:	Final Salary:		
Reason for leaving:			
Supervisor's name and phone number:			
May we contact for a reference: Yes No			

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

School:	Years completed: (Select)	Graduated: (Select)	Major Field:
High:	1 2 3 4	Yes No	
College:	1 2 3 4	Yes No	
Other:	1 2 3 4	Yes No	

Languages: List any foreign languages you know and indicate your level of proficiency.

Language:	Speak Some:	Speak Fluently:	Read:	Write:

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

Comments & Additional Information: Is there any additional information about you we should consider?

Family and Business Relationships: Do you have any relatives employed by the Township of Washington? Please list relatives below and any other potential conflicts of interest.

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

Name & Address:	Phone Number:	Years Known:

Understandings and Agreements:

As an applicant for a position with the Township of Washington, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the Township of Washington later discovers that information on this form was incomplete, untrue, or inaccurate. I give the Township of Washington the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the Township of Washington the right to secure additional job-related information about me. I release the Township of Washington and its representatives from all liability for seeking such information. I understand that the Township of Washington is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the Township of Washington will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the Township of Washington may terminate me at any time in accordance with its established policies and procedures. No representatives of the Township of Washington may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature _____ Date _____

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), Washington Township will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: Washington Township does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

Effective Communication: Washington Township will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in Washington Township programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: Washington Township will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in Washington Township offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Washington Township, should contact the office of *the Township Administrator* as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the Washington Township to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of Washington Township is not accessible to persons with disabilities should be directed to *the Township Administrator*.

Washington Township will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Voluntary Affirmative Action Information

You are **not** required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separately from the job application. This information will be used only for purposes of the affirmative action program

Applicant Information:

Name: _____
Address: _____
City/town: _____
Phone: () _____

Position Applied For: _____

How did you learn about this position? ex: Advertisement Employment Agency
Friend Relative Walk-in Other (Explain) _____

Information Regarding Status:

Gender: _____

Equal Employment Opportunity identification groups:

___ White
___ African-American (non-Hispanic)
___ Hispanic
___ American Indian/Alaskan native
___ Asian/Pacific Islander
___ Other _____

Other protected Groups:

___ Individual with a disability
___ Vietnam-era veteran (served between 1964 and 1975)
___ Disabled veteran

		For Township of Washington use only	
Hired:	Yes No	Position _____	Date _____
Which EEO job classification best describes the position for which the applicant applied?			
1. Officials and Managers	4. Sales workers	7. Operators(semi-skilled)	
2. Professionals	5. Office and clerical workers	8. Laborers (unskilled)	
3. Technicians	6. Craft workers (skilled)	9. Service workers	
(local unit type) Official _____	Date _____		

This page for Township of Washington use only!
Results of interview

Interviewer: _____

Date: _____ **Time:** _____

Interviewer: If you'd like to move forward with the process, have the applicant fill out screening paperwork (Driver's License & Social Security Numbers) and attach to this application.