Return completed form to the above address attention: Township Manager or E-mail twpmgr@northcoventry.us

#### **APPLICATION FOR EMPLOYMENT**

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL II	NFORMATION:	D	ATE:		
NAME:					
LAST	FIRST		MIDDLE		
ADDRESS:	). STREET	CITY		STATE	ZIP
PHONE NO.:		_ ADDRESS:		SIAIL	211
THORE NO.:	LIVI III	TABBILLOO.			
		ARE YOU	J 18 YEARS OR	OLDER? YES	□ <sub>NO</sub> □
<b>EMPLOYMEN</b>	NT DESIRED:	D.4.TE. \( \text{\tin}\exiting{\text{\tin}\exiting{\text{\tin}\tint{\text{\tinit}\\ \tint{\text{\text{\text{\text{\text{\ticl{\tinit}\\ \tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \tinit}\\ \tint{\text{\text{\text{\text{\text{\text{\text{\tinit}\\ \tinithtt{\text{\tinithtent{\tinithtent{\tinithtent{\tinithtent{\tinithtent{\tinithtent{\tinitht{\tinithtent{\tinith}\tint{\tinithtent{\tinith{\tiin\tinithtent{\tinithtent{\tinith}\tint{\tinithtent{\tinithtent{\tinithtent{\tiint{\tiint{\tiin}\tinitht{\tiint{\tiin\tinith{\tiint{\tiint{\tiin}\tiint{\t		041.451/	
POSITION		DATE YO CAN STA		SALARY DESIRED	
			AY WE INQUIRE		
ARE YOU EMPLO	YED NOW:	YOUR PF	RESENT EMPLO	YER?	
EVER APPLIED TO	O THIS COMPANY BEFORE?	WHEN?	-		
ARE YOU LEGALI	LY ELIGIBLE FOR EMPLOYMENT IN	THE UNITED STATES Y	ES NO		
ADE VOLLARI E T	O DEDECOM THE FOOTNER. FUND	TIONS OF THE 100 W	HOLLYOLI ARE	NDDI VINO (MIT	
	O PERFORM THE ESSENTIAL FUNC COMMODATION) THIS QUESTION IS				
DISABILITY. PLEA	ASE DO NOT PRÓVIDE INFORMATIO	N ABOUT THE EXISTE	NCE OF A DISAE	BILITY, PARTICU	JLAR
	N, OR WHETHER ACCOMMODATION XTENT PERMITTED BY LAW.	N IS NECESSARY. THE	SE ISSUES MAY	BE ADDRESSE	ED AT A LATER
STAGE TO THE E	ATENT FERMITTED BY LAW.				
NEED MORE INFO	DRMATION ABOUT THE JOB'S "ESSE	ENTIAL FUNCTIONS" T	O RESPOND. YE	S NO	
EXPLAIN ANY GA	PS IN YOUR EMPLOYMENT, OTHER	THAN THOSE DUE TO	PERSONAL ILL	NESS, INJURY	OR DISABILITY.
HAVE YOU EVER	BEEN FIRED OR ASKED TO LEAVE	A JOB? YES NO			
IF YES, PLEASE I	DESCRIBE				
	BEEN CONVICTED OF A CRIME, EX				
	WHICH HAS NOT BEEN ANNULLED	OR EXPUNGED OR SE	ALED BY A COU	RT? YES NO	)
IF YES PLEASE D	DESCRIBE				
REFERENCES	(Give the names of	at three persons not rela	ted to you who ha	ve known you at I	east one year)
NAME &	ADDRESS	TELEPHO	NE VEARS	ACQUAINTED	
OCCUPATION	ADDITEGO	NUMBE		AOQUAINTED	
2					
3					
3					

# **Employment Experience**

Place an X by the employer(s) you DO NOT want us to contact. List your most recent employer first.

Employer					
 Contact Name					
Address	Phone()				
Job Title	Supervisor				
Dates employed: from (mm// to (mm/yy	)/	_ Hourly rate/salary: starting	/	final	/
yy) Work performed					
Reason for leaving					
Employer					
Contact Name					
Address					
Job Title	,	-	,		
Dates employed: from (mm/ to (mm/yy			/	_ final	/
yy) Work performed					
Reason for leaving					
Employer_					
Employer Contact Name					
. ,			)		
Contact Name		Phone(			
Contact Name		Phone( Supervisor			
Contact Name  Address  Job Title		Phone( Supervisor			
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy)	)/	Phone(			
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy)  yy) Work performed  Reason for leaving	)/	Phone( Phone( Supervisor Hourly rate/salary: starting			
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy)  yy) Work performed  Reason for leaving  Employer	/	Phone( Phone( Supervisor Hourly rate/salary: starting			
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy)  yy) Work performed  Reason for leaving  Employer  Contact Name		Phone( Supervisor Hourly rate/salary: starting	/	_ final	/
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy)  yy) Work performed  Reason for leaving  Employer  Contact Name  Address	)/	Phone( Phone( Hourly rate/salary: starting Phone(	)	_ final	/
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy) yy) Work performed  Reason for leaving  Employer  Contact Name  Address  Job Title	)/	Phone(	)	_ final _	/
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy)  yy) Work performed  Reason for leaving  Employer  Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy))		Phone(	)	_ final _	/
Contact Name  Address  Job Title  Dates employed: from (mm// to (mm/yy) yy) Work performed  Reason for leaving  Employer  Contact Name  Address  Job Title		Phone(	)	_ final _	/

## **Educational Background**

	Location	
Course of study	Did you graduate? ☐ Yes ☐ No Degree or diploma	
llege:	Location	
Course of study	Did you graduate? ☐ Yes ☐ No Degree or diploma	
aduate School:	Location	
Course of study	Did you graduate? ☐ Yes ☐ No Degree or diploma	
cational Training/Other:	Location	
ourse of study	Did you graduate? ☐ Yes ☐ No Degree or diploma	
ntinuing Education		
•	n submitted by me on this application is true and complete, and I understan	
•	n submitted by me on this application is true and complete, and I understan rmation, omissions or misrepresentations are discovered, my application ma	
•	· · · · · · · · · · · · · · · · · · ·	
if any false or misleading info rejected, and	· · · · · · · · · · · · · · · · · · ·	
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if any false or misleading info rejected, and if I am employed, my employr In consideration of my employ understand that these rules a	rmation, omissions or misrepresentations are discovered, my application ma ment may be terminated at any time. rment, I agree to conform to the Township's rules and regulations, and I	y be
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if any false or misleading inforejected, and if I am employed, my employed In consideration of my employ understand that these rules a expressed or implied, and I acause and with or without not I also understand and agree to cause and with or without notice the Township Manager, and there	ment may be terminated at any time.  ment, I agree to conform to the Township's rules and regulations, and I and/or the employee handbook do not form a contract of employment either gree that my employment and compensation can be terminated, with or wit ice, at any time, at either my or the Township's option.  That the terms and conditions of my employment may be changed, with or we, at any time by the Township. I understand that no Township representative, other in only when in writing and signed by the Township Manager, has any authority to	hout vithout than enter
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### **Road Department Information Experience and Background**

Please list all certifications and/or licen	ses you possess.		
Please indicate years of experience with	th the following:		
Trease indicate years of experience will	ar the following,		
Backhoe years experienceLoexperienceRoller years experiencePave experienceExcavating years experienceExcavating years experience	xperience Pa ving years experience xperience	ver years experience Concrete years Pipe years experience	Mowe
I certify that all the information submitted understand that if any false or misleadid discovered, my application may be reject at any time.  In consideration of my employment, I as understand that these rules and/or the either expressed or implied, and I agreewith or without cause and with or without I also understand and agree that the test without cause and with or without notice representative, other than the Townsh Township Manager, has any authority to period of time, or to make any agreements.	ing information, omission ected, and if I am employ agree to conform to the Temployee handbook do se that my employment abut notice, at any time, at erms and conditions of more, at any time by the Toolip Manager, and then or to enter into any agreem	Township's rules and regulation not form a contract of employand compensation can be term either my or the Township's can be change which in writing and signed tent for employment for any spent for employment for employment for any spent for employment for emp	erminated ns, and I ment inated, option. ed, with or ownship by the
Applicants Signature	Date		