

Phone: 717-432-3773 Email: franklintwp@pa.net Web: franklintownship.org

Franklin Township York County 150 Century Lane Dillsburg, PA 17019

Employment Application

Applicant Information									
								Birth	
Full Name:	Loot		First				M.I.	Date:	
	Last		FIISI				IVI.I.		
Address:									
	Street Address							Apartment/Unit	#
	City						State	ZIP Code	
Phone:					Email				
THORIC.									
Date Availab	ole:	Social S	Security	No.:			Desired	d Salary: \$	
			·					-	
Position App	lied for:								
			YES	NO				YES	NO
Are you a citizen of the United States?					If no, are you authorized to work in the U.S.?				
			YES	NO					
Have you ev	er worked for this com	pany?			If yes, v	when?_			
			VEC	NO					
Have you ev	er been convicted of a	felony?	YES	NO					
•		,	_	_					
If yes, explai	n:								
Education									
Education									
High School:	<u> </u>			Address:					
					YES	NO			
From:	To:	Dic	l you gr	aduate?			Diploma:		
College:				\ddress:					
					YES	NO			
From:	To:	Dic	l you gr	aduate?			Degree:		
0.11									
Other:				Address:					
_	To:	_			YES	NO	_		
From:	To:	Did	I you gra	aduate?			Degree:		

	References					
Please list three professional references.						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Full Name:		Relationship:				
Company:		Phone:				
Address:						
Pre	vious Employment					
Company:		Phone:				
Address:		Supervisor:				
Responsibilities:						
From: To:						
May we contact your previous supervisor for a refer	YES NO Pence?					
Company:		Phone:				
Address:		Supervisor:				
Job Title:						
Responsibilities:						
From: To:						
	YES NO					
May we contact your previous supervisor for a refer	rence?					
Company:		Phone:				
Address:		Supervisor:				
Job Title: S	starting Salary:\$	Ending Salary:\$				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				

Responsibilities:									
From: To:	Reason fo	r Leaving:							
May we contact your previous supervisor for a reference?	YES	NO							
Military Service									
Branch:		From:	To:						
Rank at Discharge:	Type of [Discharge:							
If other than honorable, explain:									
Disclaimer a	nd Signat	ure							
I certify this application was completed by me and that all best of my knowledge. I further understand that this application obligate the employer in any wa and agree that my employment is at will and can be term for any reason or no reason. No one other than an office agreement for employment for any specified period of tim of my personal history, financial and credit record through	ication is no ly. If the em inated by ei r of the Tow ne. You are	it intended to be ployer decides t ither party with o nship has any a hereby authoriz	a contract of employment, to employ me, I understand or without notice, at any time, authority to enter into any led to make any investigation						
If this application leads to employment, I understand that interview may result in my release.	false or mis	sleading informa	ation in my application or						
Signature:			Date:						