**PERSONNEL APPLICATION**

Date:

Full Name:

 First Middle Last

Phone: Email:

Present Address:

 Street City State Zip

Permanent Address:

 Street City State Zip

Position Applying for:

**GENERAL EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | High School | College/University | Graduate/Professional |
| School Name |  |  |  |
| Year Completed  |  |  |  |
| Diploma/Degree |  |  |  |
| Course of Study |  |  |  |

**INFORMATION:**

Are you 18 years of age or older as of this date? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain:

Are you now or have you ever been employed by Jerusalem Township? Yes No

Are you presently employed? Yes No

If yes, may we contact your employer? Yes No

Name of employer:

Address:

Name of supervisor: Phone:

**Other Employment Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**In the following list of areas check (X) once those in which you would consider working within, twice(XX) those you have organized or directed in which you are prepared to train others.**

 **Backhoe Operation Small Engine Repair Snow Removal**

 **Lawn Mowing Clerical Special Events**

 **Zoning EMT Fire**

 **Seniors Youth Recreation**

**List any other current certificates or licenses that you hold:**

**References-Other than Employers or Relatives**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone | Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Applicant’s Statement**

I, certify that the answers given herein are true and complete to the best of my knowledge. I authorize

Investigation of all statements contained in this application for employment as may be necessary in arriving at

an employment decision. I understand that this application is not, and is not intended to be, a contract of

employment. In the event of employment, I understand that false or misleading information given or an

interview to follow may result in my discharge.

I, understand, also, that I am required to abide by all policies and regulations of the Jerusalem Township

Trustees. I have read the qualification and can meet the age requirements as set forth herein.

 Signature Date

Return Application to: **Jerusalem Township**