Washington Township Employment Application Form

Personal Information

- Full Name: _____
- Date of Birth: _____
- Residential Address: _____
- City: _____ State/Province: _____ Postal/ZIP Code: _____
- Primary Telephone Number: _____
- Email Address: _____
- Are you legally authorized to work in this country? ☐ Yes ☐ No
- Are you at least 18 years of age? ☐ Yes ☐ No

Position Applied For

- Position Title: _____
- Available Start Date: _____
- Expected Salary/Hourly Rate: _____
- Preferred Shift(s): ☐ Day ☐ Evening ☐ Night ☐ Weekend

Educational Background

- Institution Name: _____
- Location: _____
- Years Attended: _____ to _____
- Did you graduate? ☐ Yes ☐ No
- Diploma Received: _____

Employment History

Please provide complete information for your three most recent employers, beginning with your current or most recent position.

Employer #1:

- Organization Name: _____
- Location: _____
- Job Title: _____
- Supervisor Name and Contact Information: _____
- Dates of Employment: _____ to _____
- Key Responsibilities: _____
- Reason for Leaving: _____
- May we contact this employer? ☐ Yes ☐ No

Employer #2:

- Organization Name: _____
- Location: _____
- Job Title: _____
- Supervisor Name and Contact Information: _____
- Dates of Employment: _____ to _____
- Key Responsibilities: _____
- Reason for Leaving: _____
- May we contact this employer? ☐ Yes ☐ No

Employer #3:

- Organization Name: _____
- Location: _____
- Job Title: _____
- Supervisor Name and Contact Information: _____
- Dates of Employment: _____ to _____
- Key Responsibilities: _____
- Reason for Leaving: _____
- May we contact this employer? ☐ Yes ☐ No

Professional References

Please provide three professional references who are not related to you.

Reference #1

- Name: _____
- Professional Relationship: _____
- Organization: _____
- Telephone Number: _____
- Email Address: _____

Reference #2

- Name: _____
- Professional Relationship: _____
- Organization: _____
- Telephone Number: _____
- Email Address: _____

Reference #3

- Name: _____
- Professional Relationship: _____
- Organization: _____
- Telephone Number: _____
- Email Address: _____

Skills and Qualifications

Please list any relevant skills, training, or certifications:

- _____
- _____
- _____
- _____
- _____
- _____

Additional Information

- Have you ever been convicted of a felony? ☐ Yes ☐ No
- If yes, please specify: _____
- Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? ☐ Yes ☐ No
- If no, kindly explain: _____
- Do you have any relatives currently employed with our organization? ☐ Yes ☐ No
- If yes, please indicate name and relationship: _____

Applicant's Certification and Signature

I hereby certify that the information submitted in this application is accurate, complete, and truthful to the best of my knowledge. I authorize the investigation of all statements made herein and understand that any misrepresentation, omission, or falsification of information may result in disqualification or termination of employment. I release all persons and organizations from any liability that may result from providing information concerning my background or qualifications.

- Applicant’s Signature: _____
- Date: _____