

Revision Date: 2/6/06; 7/8/13; 8/25/14; 3/21/16

WAYNE TOWNSHIP APPLICATION FOR EMPLOYMENT

Date: _____

Position Applied For:

***Have you received and read the job description for the position you are applying for?
Yes No

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number(____)_____ **Telephone Number**(____)_____

Driver's License: Number:_____ State:_____

Class:_____Additional Endorsements_____

Employment: Are you employed now? Y N ☐ May we contact your present employer? Y N

Prior Employment: (List the last three places of employment in order beginning with your most recent employer; telephone number must be provided for reference checks.)

(1) _____ Worked from:_____ To:_____
(Employer's Company Name)

(Street) (City) (State) (Zip) (____) (Telephone)

(Position) (Salary or Wage Rate) (Supervisor's Name)

Reason For leaving:_____

(2) _____ Worked from:_____ To:_____
(Employer's Company Name)

(Street) (City) (State) (Zip) (____) (Telephone)

(Position) (Salary or Wage Rate) (Supervisor's Name)

Reason For leaving:_____

AN EQUAL EMPLOYMENT EMPLOYER

Applicants will receive consideration without discrimination due to of race, religion, gender, age, national origin, or non-work related handicap.

(3) _____ Worked from: _____ To: _____
 (Employer's Company Name)

_____ (_____)
 (Street) (City) (State) (Zip) (Telephone)

_____ (Position) (Salary or Wage Rate) (Supervisor's Name)

Reason For leaving: _____

Education: (Give name and location of each school)

Graduated:

(1) High School: _____ Yes No

(2) College: _____ Yrs: _____ Yes No

(3) Other: _____ Yes No

(4) List any additional Training, Education, Experience, or other qualifications which would further qualify you for this position:

References: (List three references who are not related to you and who are not previous employers)

(1) _____ (_____)
 (Name) (Address) City/State (Telephone)

(2) _____ (_____)
 (Name) (Address) City/State (Telephone)

(3) _____ (_____)
 (Name) (Address) City/State (Telephone)

Additional Information:

(1) If applying for part-time employment, what hours are you available?

(2) If applying for full-time road department work, will you work overtime as required?

Yes No

(3) When will you be available to begin work? _____

(4) Please provide any additional information you think is relevant to the desired position and therefore should be considered.

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If Application is being made for a CDL Employment complete Section (5 (6) and (7):

(5) Driving Experience (Attach sheet for additional listings)

Type of Equipment	Date From	Date To	Approx. Miles

(6) Accident Record

Dates	Nature of Accident	Fatalities	Injuries

(7) Traffic Convictions for past three years:

Location	Date	Charge	Penalty

CDL Waiver: (Applicants for employment requiring CDL license, must complete the following)

If employed by Wayne Township in the capacity of a CDL driver, I agree to waive any liability against the township arising out of the township's administration of a Drug & Alcohol Policy and its administration of any program established pursuant to the federal law or regulations regarding the township's responsibility for CDL drivers.

Signature of Applicant

Date

Certification: All Applicants must sign and date

I certify that the answers and information I have indicated on this application are true and correct to the best of my knowledge.

I understand that any false or misleading answers or information given on my application or interview(s) may disqualify me for the position or may result in my discharge in the event that I am accepted for employment.

I also give Wayne Township the right to investigate all statements contained in this application for employment as may be necessary to ascertain my suitability for service as a Wayne Township employee. I release and hold harmless Wayne Township, its elected and appointed officials, agents and employees from and against any and all liability that might result from such an investigation including any damages that may result to me or my family.

I understand that this application is not, and is not intended to be, a contract of employment. Any position with the township is at-will and no applicant or employee possesses any contractual or statutory right to continued employment.

Signature of Applicant

Date

AN EQUAL EMPLOYMENT EMPLOYER

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Applicant's Background Investigation Authorization:

Applicant's Name: _____

Date of Birth: _____ Social Security Number: _____

As an applicant for employment with Wayne Township, I do hereby authorize the release of such information that may be requested by Wayne Township or their agent concerning my background, character, education, CDL history (including drug & alcohol screening), employment history, credit and any or all other type of information and documents that may be requested by Wayne Township or their agent during their review of my application. A photocopy or facsimile of this release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of Applicant_____
Date

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FOR EMPLOYER'S USE ONLY

EMPLOYMENT CHECK		
EMPLOYER	PERSON CONTACTED	RESULTS

REFERENCE CHECK		
PERSON CONTACTED	RELATIONSHIP	RESULTS

TEST RESULTS			
TESTS ADMINISTERED	SCORE	RATING	ANALYSIS AND COMMENT

INTERVIEW RESULTS	
INTERVIEWER NAME	COMMENTS