

BRADFORD TOWNSHIP

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone		
E-mail Address	Date Available	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

APPLICATION FOR CMV EMPLOYMENT
All information is required to be obtained.

Employer Name: **BRADFORD TOWNSHIP**
Street Address: 136 Hemlock Street
City, State, Zip: Bradford, PA 16701

Attach extra sheets if more space is needed for any of the following answers.

Print Applicant's Name _____

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

Addresses for past three years:

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

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

List all Valid Commercial Motor Vehicle Licenses and/or Permits

<u>Issuing State</u>	<u>License Number</u>	<u>Expiration Date</u>

Nature and Extent of Driving Experience

Type of equipment	Date from:	Date to:	Total miles driven:

Commercial Motor Vehicle Accident Record for past 3 years

Date of accident:	Nature of accident	# Fatalities	# Injuries

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years

Location	Date	Charge	Penalty

Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes ___ No ___

Has any license, permit, or privilege ever been suspended or revoked?

Yes ___ No ___

Did you have a positive pre-employment drug or alcohol test in the past two years?

Yes ___ No ___

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.

Record of CMV Employment for Past 10 Years

If this employee has no history of CMV employment, check here (___).

Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this employment subject to FMCSRs? (Y) (N)

2nd Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this employment subject to FMCSRs? (Y) (N)

3rd Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this employment subject to FMCSRs? (Y) (N)

TO BE READ AND SIGNED BY APPLICANT

By signing below, I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's signature

Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.