

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)
FRANKLIN TOWNSHIP

DATE _____

PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER? Yes No

PHONE NO.

APARTMENT NO.

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No

EMAIL ADDRESS:

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO FRANKLIN TOWNSHIP BEFORE?

WHERE?

WHEN?

EVER WORKED FOR FRANKLIN TOWNSHIP BEFORE?

WHERE?

WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT FRANKLIN TOWNSHIP?

WHO REFERRED YOU
TO US?

EMPLOYMENT AGENCY

NEWSPAPER ADVERTISEMENT

FRIEND

OTHER

WALK IN

STATE EMPLOYMENT OFFICE

COLLEGE PLACEMENT SERVICE

INTERNET

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

LAST

FIRST

MIDDLE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED
1.			
2.			
3.			

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE

OBLIGATION ENDS

SPECIAL QUESTIONS

THESE QUESTIONS INDICATE THAT THE INFORMATION BELOW IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

JOB FUNCTION 1. **DO YOU HAVE A CLASS A CDL?** Yes No
DO YOU HAVE A CLASS B CDL? Yes No

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION(S) AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST(S) AT SUCH TIME AS DESIGNATED BY FRANKLIN TOWNSHIP AND TO RELEASE FRANKLIN TOWNSHIP, ITS DIRECTORS, TRUSTEES, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST(S)
 Yes No

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO FRANKLIN TOWNSHIP'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR FRANKLIN TOWNSHIP'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY FRANKLIN TOWNSHIP. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS TRUSTEES, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE TRUSTEES, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE