

**DONEGAL TOWNSHIP**  
**APPLICATION FOR EMPLOYMENT**

**Instructions:** Please use typewriter or print using ink. Applications written in pencil or which are illegible will not be considered. Mail the completed application to:

Donegal Township  
PO Box 310  
34 N. Liberty St.  
West Alexander, Pa 15376  
or e-mail to:  
donegaltownship@comcast.net

Please note that this application is good for one year from the date of receipt, and it is the responsibility of the applicant to reapply.

**GENERAL INFORMATION**

NAME \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
Last First M.I.

STREET ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

1. Are you a citizen of the United States? \_\_\_\_\_ If not, alien reg. number \_\_\_\_\_

2. What School did you attend? \_\_\_\_\_

3. What was your highest level of education completed? \_\_\_\_\_ G.E.D. or equivalent \_\_\_\_\_

4. Please note any additional education and where received \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you possess a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_ Lic. No. \_\_\_\_\_

6. Have you been charged or convicted of any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes, please list) \_\_\_\_\_

7. Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

(if yes, please list) \_\_\_\_\_

\_\_\_\_\_

**POSITION**

Position or Type of Employment Desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Salary Desired: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

List any special skills and equipment that you can operate that might be considered an asset to this position

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Additional Information that you feel is relevant to this application \_\_\_\_\_

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**WORK EXPERIENCE**

Most Recent Employer \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Reason for Leaving \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(mo/yr) (mo/yr)

Reason for Leaving \_\_\_\_\_ May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

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I certify that the information contained in this application is true, correct, and complete. I understand that filing false or misleading information will subject me to disqualification for the position, or, if hired, may be the basis for termination.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_