EQUAL OPPORTUNITY EMPLOYER

1 South 3rd Street
Easton, PA 18042

APPLICATION FOR POSITION AS ➧ Equipment Operator/Highway Bureau

DATE TODAY / /

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.	RESIDENCE PHONE NO.

HOME ADDRESS	CITY	STATE	ZIP CODE

DATE ABLE TO START	SALARY EXPECTED	IF NOT A U.S. CITIZEN, DESCRIBE YOUR VISA AND ITS EXPIRATION DATE	ARE YOU PERMITTED TO WORK IN THE U.S. UNDER THIS VISA?	IF THE POSITION FOR WHICH YOU ARE APPLYING REQUIRES OPERATION OF A MOTOR VEHICLE, DO YOU HAVE THE PROPER DRIVER'S LICENSE
/ /	$ per		❑ YES ❑ NO	❑ YES ❑ NO

EDUCATION

	ELEMENTARY SCHOOL	HIGH SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
SCHOOL NAME AND LOCATION				
YEARS COMPLETED (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE				

DESCRIBE COURSE OF STUDY

SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES

ARE YOU ABLE WITH OR WITHOUT ACCOMMODATIONS TO PERFORM ALL OF THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? ❑ YES ❑ NO

IF APPLICABLE, DESCRIBE ACCOMMODATION:

SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS FROM EMPLOYMENT OR OTHER EXPERIENCE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. ❑ YES ❑ NO

IF YES, PLEASE EXPLAIN:

MILITARY SERVICE

BRANCH OF SERVICE	DATES OF ACTIVE DUTY	HIGHEST RANK

DESCRIBE THE NATURE OF YOUR DUTIES

EMPLOYMENT HISTORY

LIST IN ORDER BEGINNING WITH THE MOST RECENT

EMPLOYER	START DATE	STARTING SALARY
	END DATE	ENDING SALARY
ADDRESS	PHONE	MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO
NAME AND TITLE OF SUPERVISOR		
LIST POSITION AND DUTIES		
REASON FOR LEAVING / WISHING TO LEAVE		

EMPLOYER	START DATE	STARTING SALARY
	END DATE	ENDING SALARY
ADDRESS	PHONE	MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO
NAME AND TITLE OF SUPERVISOR		
LIST POSITION AND DUTIES		
REASON FOR LEAVING		

EMPLOYER	START DATE	STARTING SALARY
	END DATE	ENDING SALARY
ADDRESS	PHONE	MAY WE CONTACT THIS EMPLOYER? ❑ YES ❑ NO
NAME AND TITLE OF SUPERVISOR		
LIST POSITION AND DUTIES		
REASON FOR LEAVING		

REFERENCES

(OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)

Providing this information means that you give this organization permission to contact the references given

	Name	Address	Telephone No.	Years Known
1.				
2.				

THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR NO MORE THAN 6 MONTHS. AFTER THAT TIME, APPLICANTS WILL BE REQUIRED TO RESUBMIT A COMPLETED APPLICATION. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT CONSTITUTES AN EMPLOYMENT CONTRACT.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also if employed, I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____