

APPLICATION FOR EMPLOYMENT

Date of Application _____ Date Available for Hire _____

Drivers License Number _____ Social Security Number _____

Resume Attached? Yes or No

About You

First Name _____ Middle Name _____ Last Name _____

Alias or Past Names: (Please include maiden name, if applicable.)

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Current Residence

Address _____ Phone _____

City _____ Daytime Phone _____

State _____ ZIP Code _____ Is it okay to call you at work? Yes No

Past Residence(s)

Start Date _____ to End Date _____

Address/City/State/ZIP Code _____

Start Date _____ to End Date _____

Address/City/State/ZIP Code _____

Are You:

Yes No

Over 18 Years Old?

A previous applicant?

A previous employee?

Legally able to work in the U.S.?

Able to make it to work using a reliable means of transportation?

How Did You Find Us?

Advertisement Name of Publication _____

Referral from Employee Employee Name _____

Employment Agency Employment Agency _____

Other _____

Your Work Experience

Present/Last Employer _____ Type of Organization _____ Start Date ____/____/____ to ____/____/____ End Date _____
Address _____ Phone _____ Salary _____
Job Title _____ Supervisor _____ May We Contact? Yes No
Reason For Leaving _____

Past Employer _____ Type of Organization _____ Start Date ____/____/____ to ____/____/____ End Date _____
Address _____ Phone _____ Salary _____
Job Title _____ Supervisor _____ May We Contact? Yes No
Reason For Leaving _____

Past Employer _____ Type of Organization _____ Start Date ____/____/____ to ____/____/____ End Date _____
Address _____ Phone _____ Salary _____
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Past Employer _____ Type of Organization _____ Start Date ____/____/____ to ____/____/____ End Date _____
Address _____ Phone _____ Salary _____
Job Title _____ Supervisor _____ May We Contact? Yes No
Reason For Leaving _____

Professional Information (if applicable)

License Description _____ License Number _____
Effective Date _____ Expiration _____
Registry or Certification _____ Registration No. _____
Effective Date _____ Expiration _____
Other _____

Your Education & Training

Type of School	Name and Location of School/Training	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/Trade School		X		
Business or Tech School				
Colleges				
Sexual Harassment Training				
Other Training (Explain)				

Academic or Other Awards or Achievements

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position*)

- Date ____/____/____/____ Description _____
- Date ____/____/____/____ Description _____
- Date ____/____/____/____ Description _____
- Date ____/____/____/____ Description _____

Additional Qualifications

(Special technical computer or individual skills that would qualify you for the position*)

- Description _____
- Description _____
- Description _____
- Description _____

U.S. Military Service

Branch _____ Rank at Discharge _____ Dates of Service ____/____/____ to ____/____/____
 Duties _____ Honorable Discharge? Yes No

* Exclude those that would indicate race, color, religion, national origin, disability or age.

References

Please list at least three (3) work and personal references:

Name: _____

Address: _____

Phone: _____ Best time to call: _____

How do you know this person: _____

Name: _____

Address: _____

Phone: _____ Best time to call: _____

How do you know this person: _____

Name: _____

Address: _____

Phone: _____ Best time to call: _____

How do you know this person: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Township of Sandyston (hereinafter referred to as "Township") that such employment with the Township is at will, for no specified duration and may be terminated by either the Township or myself at any time, with or without cause or notice.

I understand that none of the documents, policies, procedures, actions, statements of the Township or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Township, except as authorized by the Township Committee of the Township of Sandyston, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by those authorized by the Township Committee of the Township of Sandyston.

In consideration for employment with the Township, if employed, I agree to conform to the rules, regulations, policies and procedures of the Township at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Township's business, attendance and punctuality are considered essential requirements of every job at the Township and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Township, I may be required to submit to a pre-employment medical examination, alcohol/drug screening, motor vehicle review and finger printing/background check as a condition of employment.

I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Township and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of applicant

Date

Print Name: _____

AMBASSADOR MEDICAL SERVICES INC – AUTHORIZATION RELEASE FORM

Level #2

PLEASE PRINT OR TYPE

NAME _____

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS _____

CITY, STATE, ZIP: _____

HOW LONG?: _____

FORMER ADDRESS (1) _____

CITY, STATE, ZIP: _____

HOW LONG?: _____

FORMER ADDRESS (2) _____

CITY, STATE, ZIP: _____

HOW LONG?: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

TELEPHONE #: _____

DRIVER'S LICENSE #: _____

STATE ISSUED: _____

APPLICANT AUTHORIZATION

I hereby authorize _____ &
Ambassador Medical Services Inc to conduct a background investigation into the following areas of my personal and employment history: current or previous employment, current or previous education, driving records (past & present), criminal and civil records, professional licensing and general character including honesty.

I hereby authorize any person, agent, corporation, company, agency, or institution, to release any information, documents, or assessments they possess regarding me or my performance as an employee, student, associate or acquaintance.

I understand that the Company, their agents and assigns, and the REQUESTER and their agents and assigns, do not guarantee the accuracy or timeliness of the information obtained from other sources and that I will release and permanently hold harmless the Company, their agents and assigns, and the Requester and their agents and assigns, from any and all demands and or liabilities that may originate from these investigations, from any and all demands and or liabilities that may originate from these investigations.

I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original. If a notarized copy of this document is required for any background check, the notarized copy will be provided.

I have read and understand the above notice.



APPLICANT SIGNATURE _____



DATE _____