



# Employment Experience

Start with your present or last job. Include military service assignments. Do not omit any employment in the last ten years.

1	Employer	Telephone	Dates Employed From                      To	Work Performed
	Address			
	Job Title		Hourly Rate/Salary Starting                      Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Telephone	Dates Employed From                      To	Work Performed
	Address			
	Job Title		Hourly Rate/Salary Starting                      Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Telephone	Dates Employed From                      To	Work Performed
	Address			
	Job Title		Hourly Rate/Salary Starting                      Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Telephone	Dates Employed From                      To	Work Performed
	Address			
	Job Title		Hourly Rate/Salary Starting                      Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

For any period of unemployment over 30 days, please explain reasons \_\_\_\_\_

Do you have a valid drivers license?     Yes     No

Do you hold a CDL (commercial drivers license)?     Yes     No

How many points do you have on your license? \_\_\_\_\_

### Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
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:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

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Give name, address and telephone number of three references who are not related to you and are not previous employers.

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State any additional information you feel may be helpful to us in considering your application.

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment and any other information as may be necessary in arriving at an employment decision. I release from liability all persons and entities requesting or supplying information, and waive any right I may have to notice of providing such information. I understand that this application is not and is not intended to be a contract of employment.

I understand that omissions, false or misleading information given in my application, resume, or interview(s) may result in disqualification of my application or discharge, if hired. I understand, also, that I am required to abide by all rules and regulations of the Township and that my employment can be terminated with or without cause and with or without notice at any time, at the option of the Township of myself. I understand that no one except the Township Board has any authority to enter into any agreement to the contrary and any such agreement shall be in writing and signed by the Township supervisor.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Georgetown Township will provide reasonable accommodation to applicants and/or employees who are qualified individuals with a disability. If you need accommodation, please notify the supervisor promptly. Failure to request accommodation within 182 days may impair your rights.

The Township reserves the right to assess applicants for physical and mental suitability for the job, after a conditional offer of employment is made. Signing this application indicates consent to such examination including drug and/or alcohol screening.

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