



1240 Maple Avenue  
 Lancaster, PA 17603  
 (717) 291-1213  
 www.twp.lancaster.pa.us

# Application for Employment

Please type or print.

**Application must be fully completed to be considered.**

Boxes highlighted in red are required.

## Applicant Information

Last Name First Name MI

Complete Address (street/city/state/zip code)

Phone (      ) Email:

Have you ever worked for Lancaster Township? If checked, when?

Are you legally eligible to work in the U.S.? If checked, are you authorized to work in the U.S.?

Are you a veteran? Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

Have you ever been convicted of a felony? If checked, explain below:

## Position

Position applying for Available start date Desired pay

Employment desired - Full-time: Part-time: Seasonal/Temporary:

## Education

High School Location # Yrs attended Did you graduate?

College Location # Yrs attended Did you graduate?

Other Location # Yrs attended Did you graduate?

*Special skills/  
 training that may  
 qualify you for this  
 position:*

## Employment History

**Employer (1)** Job title Dates employed

Address Phone ( )

Starting pay Ending pay Supervisor May we contact?

Responsibilities:

Reason for leaving:

---

**Employer (2)** Job title Dates employed

Address Phone ( )

Starting pay Ending pay Supervisor May we contact?

Responsibilities:

Reason for leaving:

---

**Employer (3)** Job title Dates employed

Address Phone ( )

Starting pay Ending pay Supervisor May we contact?

Responsibilities:

Reason for leaving:

---

## References (business/professional)

Name	Title	Company	Phone w/Area Code
------	-------	---------	-------------------

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_