

PO Box 184
106 School Street
Spring Mills PA 16875
Phone: (814) 422-8218; Fax: (814) 422-8080

NOTICE TO APPLICANTS:

Gregg Township does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, or ancestry or on the basis of age against persons over forty, or against any person because he or she is mentally or physically handicapped, a disabled veteran, or a veteran of the Vietnam era. No question on this application is intended to secure information to be used for such discrimination. Any question on this application relating to any of the foregoing enumerated categories is intended to secure information for use only in connection with the township's affirmative obligations under applicable federal law. Submission of such information is voluntary and refusal to provide it will have no effect on consideration of your application.

This application will be given every consideration, but receipt does not imply that the applicant will be employed.

I swear that I am authorized to work in the United States and I have read and understand all the above.

Signature: _____ Date: _____

Please answer every question. Use ink. Print. Attach sheet if additional space is needed in any section.

P E R S O N A L	Name: _____	Social Security No.: _____ - _____ - _____
	First Middle Last	
	Present Address: _____	
	Street City State Zip	
	Years at this Location: _____ Business Phone: _____ Home Phone: _____	
	Previous Address: _____	
	Street City State Zip	
	Years at this Location: _____	
	Are You Over 21? ☐ Yes ☐ No	Any Physical Handicaps? ☐ Yes ☐ No
	Please attach a copy of: ① Your Current Driver's License and ② Your Social Security Card	

R Give NAME, ADDRESS AND HOME PHONE NUMBER of two (2) persons NOT RELATED to you and
E NOT FORMER EMPLOYERS to whom we can refer.

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	②	

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Position Applied For: _____

Have You Worked With Us Before? Yes No If So, When _____

Prior Position: _____ Reason For Leaving: _____

① Current Employer: _____

Address: _____

Street City State Zip

Position: _____ From: _____ To: _____ Salary: _____

Contact: _____ Phone: _____

Reason For Leaving: _____

② Prior Employer: _____

Address: _____

Street City State Zip

Position: _____ From: _____ To: _____ Salary: _____

Contact: _____ Phone: _____

Reason For Leaving: _____

③ Prior Employer: _____

Address: _____

Street City State Zip

Position: _____ From: _____ To: _____ Salary: _____

Contact: _____ Phone: _____

Reason For Leaving: _____

Can we contact your prior employers? _____

Have you ever worked under a different name? _____ If so, what name? _____

Have you ever been discharged or asked to resign? _____ If yes, please fully explain: _____

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	Name	Years Complete	Degree
High School			
Business School			
College			
Grad Work			

Are You Planning to Pursue Further Studies? _____

If so, what courses? _____

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Have you had a driver's license in another name or issued by a state other than Pennsylvania? _____

Please list

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Driving Experience: In what year did you obtain your driver's license: _____

Class / Type of Equipment	From	To	Approx. No. of Miles or Operating Time (Total)

R Accident Record For the Past Three (3) Years or More. (Again, for more space, attach a sheet)

E

C

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D

Dates	Nature of Accident	Fatalities	Injuries
Most Recent:			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the Past Three (3) Years or More (Other than Parking Violations)

Location	Date	Charge	Penalty

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PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

It is understood that receipt of this application does not imply any contractual rights in favor of you or the Township. I also understand that should I become an employee of Gregg Township, I can be terminated with or without cause, and with or without notice, at any time, at the option of either the Township or myself. No officer, manager or representative of the Township has any authority to enter into any agreement for employment for any specified period of time or to make any agreements contrary to the

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false, inaccurate or omitted statement of a material fact could be cause for rejection of my application or termination of my employment.

Signature: _____

Date: _____

e-mail address _____

APPLICATION FOR CMV/CDL EMPLOYMENT

All information must be obtained. Attach extra sheets if more space is needed for any of the following answers.

New Employer Information:

Name Gregg Township
Street Address 106 School Street PO BOX 184
City, State, Zip Spring Mills PA 16875
Contact Person Phone #: Vicky Vande 814-422-8218

Applicant Information:

Print Applicant's Name _____

Date of Birth _____

Current Address _____
(Street) (City) (State) (Zip)

Addresses for past three years:

Address _____
(Street) (City) (State) (Zip)

Address _____
(Street) (City) (State) (Zip)

Nature and Extent of Driving Experience			
Type of equipment	Date from:	Date to:	Total miles driven:

List all Valid Commercial Motor Vehicle Licenses and/or Permits		
Issuing State	License Number	Expiration Date

Commercial Motor Vehicle Accident Record (49 CFR 390.5) for past 3 years			
Date of accident:	Nature of accident	# Fatalities	# Injuries

Traffic Convictions (any vehicle, other than parking) and Bond Forfeitures in past 3 years			
Location	Date	Charge	Penalty

Over ...

Operating Privileges

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ____ No ____
Has any license, permit, or privilege ever been suspended or revoked? Yes ____ No ____
Did you have a positive pre-employment drug or alcohol test in the past two years? Yes ____ No ____

If any answer is "Yes", attach a statement giving details, including contact information for your counselor.

Record of CMV Employment for Past 10 Years

Note: If this employee has no history of CMV employment in last 3 years, check here ().

Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N)

Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N)

2nd Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N)

Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N)

3rd Last Employer _____

Street Address _____

City, State, Zip _____ From: _____ To: _____

Reason for leaving _____

Was this employment subject to FMCSRs (i.e., CMV)? (Y) (N)

Was this employment subject to U.S. DOT alcohol and controlled substance testing (i.e., CDL)? (Y) (N)

TO BE READ AND SIGNED BY APPLICANT

By signing below, I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's signature

Today's Date

NOTE: This employer may require an applicant to provide additional information than is required by FMCSRs for the purpose of investigating your work safety. Applicants also have additional rights regarding the information provided by previous employers, and may review previous employer-provided investigative information by submitting a written request to the new employer within 30 days after being employed or being notified of denial of employment.