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Franklin Township York County 150 Century Lane Dillsburg, PA 17019

Employment Application

		App	olicant l	Informa	ation			
							Birth	
Full Name:							Date:	
	Last	Firs	st			M.I.		
۸ ما ماسم م. م								
Address:	Street Address						Apartment/Unit #	
	Sileel Address						Apartment/Onit #	
	City					State	ZIP Code	
	Oily					State	ZII Code	
Phone:				Email				
Date Availab	ole: S	ocial Securit	ty No.:			Desire	d Salary: \$	
							·	
Position App	olied for:							
		\/=0					\/F0	NO
YES NO Are you a citizen of the United States? □ □				YES NO If no, are you authorized to work in the U.S.? □ □				
, no you a on				, c	you	adi.101120d 10 11		
Hava vau av	var warked for this common	YES	NO	lf voo	ban2			
nave you ev	er worked for this compan	y? 🗆		if yes,	wnen?_			
		YES	NO					
Have you ev	er been convicted of a felo	ony?						
If yes, expla	in:							
			Educ	cation	_			
Education								
High School	:		Address	<u> </u>				
				VEC	NO			
From:	To:	Did you g	raduate?	YES ? □	NO	Diploma:		
		_ , ,	,	_	_	·		
College:			Address	:				
_								
From:	To:	Did you o	uraduata?	YES	NO	Degree:		
	10	_ Did you g	ji addato :	Ь	ш	Degree		
Other:			Address					
	To:	D:4 · · · ·		YES	NO	Dames		
riom:	10:	_ Dia you g	ji aduate?		Ц	Degree:		

	R	eferences			
Please list three pro	fessional references.				
Full Name:				Relationship:	
0				Phone:	
Address:					
				Relationship:	
				Phone:	
Address:					
Full Name:				Relationship:	
0				Phone:	
A ddraea.					
	Previou	us Employme	ent		
Company:				Phone:	
				Supervisor:	
	Starti				
Responsibilities:					
	To:				
May we contact your	previous supervisor for a reference	YES e? 🗆	NO		
Company				Phone:	
Address:				Phone:Supervisor:	
	Starti	Starting Salary:\$			
_	To:				
	previous supervisor for a reference	YES e? 🗆	NO 🗆		
_				Phone:	
				Supervisor:	
Job Title:	Starti	ing Salary: \$	Ending Salary:\$		

Responsibilities:							
From: To:	Reason fo	or Leaving:					
May we contact your previous supervisor for a reference?	YES	NO					
Military Service							
Branch:		From:	To:				
Rank at Discharge:	Type of	Discharge:					
If other than honorable, explain:							
Disclaimer a	ınd Signat	ture					
I certify this application was completed by me and that all best of my knowledge. I further understand that this application obligate the employer in any was and agree that my employment is at will and can be term for any reason or no reason. No one other than an office agreement for employment for any specified period of tin of my personal history, financial and credit record through	ication is no ay. If the em ninated by e r of the Tow ne. You are	ot intended to be aployer decides t wither party with c vnship has any a hereby authoriz	a contract of employment, to employ me, I understand or without notice, at any time, authority to enter into any ed to make any investigation				
If this application leads to employment, I understand that interview may result in my release.	false or mi	isleading informa	ntion in my application or				
Signature:			Date:				