



Township of Hampton
Allison Park, Pennsylvania

**Application For
EMPLOYMENT**

The Township of Hampton is an Equal Opportunity Employer. All qualified applicants will be considered without regard to race, color, religion, national origin, ancestry, sex, non-job related disabilities or age. All information requested on this application form is solicited for the purpose of determining abilities and skills required for proper job placement and to facilitate verification of the information requested.

INSTRUCTIONS: This application must be completed in its entirety.
Please print in ink or type.
If, because of a disability, you need assistance in completing this application form, please notify the Township Manager, 412-486-0400 or 724-443-7585

POSITION APPLIED FOR:			
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Position	
Name	Last	First	Middle
Address	City		State Zip
Phone Day () () Night () ()	For Full-Time Public Works, Police/Fire Civil Service <u>Only</u> : Drivers License: _____ Number _____ State _____		
Social Security Number -- --	Length of Residence	Commercial Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you at least 18 years old? Yes No
If NO, do you have a work permit? Yes No

Are you a United States citizen or authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever filed an application with Hampton? Yes No
If YES, give date _____

Have you ever been employed by Hampton? Yes No
If YES, give date _____

May we contact your current employer? Yes No
If NO, please identify someone familiar with your performance for your current employer that we may contact. _____

Name

Phone Number

Can you work: Evenings? Yes No
Nights? Yes No
Weekends? Yes No

EMPLOYMENT HISTORY

List all employment for the past ten years, beginning with current or most recent position

Employer	Dates Employed From To	Job Title
Address		Description Duties
Supervisor's Name		
Supervisor's Number		Reason for Leaving
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, explain _____		
Were you:		
Discharged or asked to resign by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever counseled or warned about excessive absenteeism or tardiness by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES to any of the above, please explain _____		

Employer	Dates Employed From To	Job Title
Address		Description Duties
Supervisor's Name		
Supervisor's Number		Reason for Leaving
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, explain _____		
Were you:		
Discharged or asked to resign by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever counseled or warned about excessive absenteeism or tardiness by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES to any of the above, please explain _____		

Employer	Dates Employed From To	Job Title
Address		Description Duties
Supervisor's Name		
Supervisor's Number		Reason for Leaving
Hourly Rate/Salary Starting Ending		
Will this supervisor/employer give a good job reference <input type="checkbox"/> Yes <input type="checkbox"/> No if NO, explain _____		
Were you:		
Discharged or asked to resign by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever disciplined (given a written warning, suspended, denied a pay increase, etc.) by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever counseled or warned about excessive absenteeism or tardiness by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES to any of the above, please explain _____		

If you need additional space, please attach an additional sheet of paper.

REFERENCES

Please list three references other than relatives or former employers:

Name / Address	Phone Number	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

Please attach a resume, if available

CERTIFICATION, AUTHORIZATION AND AGREEMENT

"I certify that the information supplied by me on this application form and in my resume, if any, is true and complete and does not contain any falsifications, omissions, or concealments of material fact. I authorize Hampton Township to investigate the truth of this information and of any other information I may supply during a pre-employment interview. I further authorize Hampton Township to investigate my criminal history and other aspects of my personal history, including my character and general reputation. If my application is denied in whole or in part because of information contained in a criminal history records report, Hampton Township will so advise me."

"I hereby release all law enforcement agencies, my former employers, all educational institutions and programs and every other person identified by me on this form or in my resume from liability for any damage or injury to me arising out of the release of information requested by Hampton Township."

"I further understand and agree that Hampton's acceptance of this employment application does not constitute any promise, expressed or implied, that I will be hired. I further understand that Hampton Township does not guarantee anyone employment for any specific length of time. I therefore agree that if I am hired, my employment may be terminated by either me or by Hampton Township at any time."

"I further understand and agree that any offer of employment Hampton Township may make to me (and, if I am hired, my continued employment) will be contingent upon my submission of evidence verifying that I am authorized to work in the United States and may be contingent upon my taking physical examinations and drug tests."

"I certify that I am not a party to any contract or other obligation which would limit, interfere with or restrict my ability to work for Hampton Township in any way."

"I hereby acknowledge that I have read this section of the employment application and fully understand the meaning and effect of signing this form."

Township of Hampton
3101 McCully Road
Allison Park, PA 15101
412 • 486 • 0400 or
724 • 443 • 7585

Signed

Date

THE TOWNSHIP OF HAMPTON IS AN EQUAL OPPORTUNITY EMPLOYER

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

FOR CENTRAL REPOSITORY USE ONLY
(LEAVE BLANK)

TYPE OR PRINT LEGIBLY WITH INK

PART I: TO BE COMPLETED BY REQUESTER

(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

DATE OF REQUEST:

NAME OF REQUESTER:

ADDRESS:

CITY: STATE: ZIP:

AREA CODE: CONTACT TELEPHONE NUMBER:

--	--	--	--	--	--	--	--	--	--

REQUESTER IDENTIFICATION: (CHECK ONE BLOCK)

- INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY - ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO:
"COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE. *****DO NOT SEND CASH OR PERSONAL CHECK*****
- NONCRIMINAL JUSTICE AGENCY - FEE EXEMPT

NAME/SUBJECT OF RECORD CHECK: (LAST) (FIRST) (MIDDLE)

MAIDEN NAME AND/OR ALIASES: SOCIAL SECURITY NUMBER (SOC): DATE OF BIRTH (DOB): SEX: RACE:

REASON FOR REQUEST: (CHECK ONE BLOCK)

- EMPLOYMENT
- FIREARMS PROHIBITION CHALLENGE
- INDIVIDUAL ACCESS AND REVIEW BY SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE (AFFIDAVIT OF LEGAL REPRESENTATION ATTACHED)
- OTHER (SPECIFY) _____

NOTE: A "NO RECORD" RESPONSE MAY TAKE THREE WEEKS TO PROCESS; A "RECORD" RESPONSE TAKES LONGER THAN A "NO RECORD" RESPONSE. IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED, IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER.

REQUESTER CHECKLIST:
DID YOU ENTER THE FULL NAME, DOB, AND SOC?
DID YOU ENCLOSE THE \$10.00 FEE? (CERTIFIED CHECK/MONEY ORDER)
*****DO NOT SEND CASH/PERSONAL CHECK*****
DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?

AFTER COMPLETION, MAIL TO:
**PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY-164
1800 ELMERTON AVENUE
HARRISBURG, PENNSYLVANIA 17110-9758
(717) 783-9973**

PART II: CENTRAL REPOSITORY RESPONSE

*****DO NOT WRITE BELOW THIS LINE*****

INFORMATION DISSEMINATED:
 NO RECORD CRIMINAL RECORD ATTACHED

INQUIRY/DISSEMINATED BY: SID NO:

THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED SOLELY ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.

CERTIFIED BY:

- | | |
|--|---|
| <input type="checkbox"/> NAME | <input type="checkbox"/> SOCIAL SECURITY NUMBER |
| <input type="checkbox"/> DATE OF BIRTH | <input type="checkbox"/> RACE |
| <input type="checkbox"/> SEX | <input type="checkbox"/> MAIDEN/ALIAS NAME |

(DIRECTOR, CENTRAL REPOSITORY)

The Response is based on a comparison of data provided by the requester in Part I against information contained in the files of the Pennsylvania State Police Central Repository only. The Pennsylvania State Police response does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.