



TOWNSHIP OF SPARTA EMPLOYMENT APPLICATION



THE TOWNSHIP OF SPARTA IS AN EQUAL OPPORTUNITY EMPLOYER AND AS SUCH DOES NOT DISCRIMINATE IN EMPLOYMENT PRACTICES BASED ON SEX, PREGNANCY, BREASTFEEDING, SEXUAL ORIENTATION, GENDER IDENTITY, DOMESTIC PARTNERSHIP/CIVIL UNION STATUS, MILITARY STATUS, AND GENETIC INFORMATION.

PLEASE PRINT

POSITION(S) APPLYING FOR: _____ DATE OF APPLICATION: _____

Name: _____	Last	First	Middle
Address: _____	Number	Street	Apt.
City/Town	State	Zip	
(Address if different from above): _____			
Telephone Number	ALT. Phone: _____		
Email	Social Security Number: _____		

Can you, if hired, submit proof of the right to work in the U.S.? Yes _____ No _____

Are you under 18 years of age? Yes _____ No _____

Date available for work _____ Full Time Part Time Temporary/Seasonal

Have you ever been employed by the Township of Sparta? Yes _____ No _____

If yes, when and in what position? _____

Are you currently employed? Yes _____ No _____

Are you currently on lay-off status and subject to recall? Yes _____ No _____

Do any of your relatives work for the Township of Sparta? Yes _____ No _____

If yes, please give name and department _____

Do you require any accommodation from the Township to perform the essential functions of the job for which you have applied? Yes _____ No _____

If yes, please list the type of accommodation required: _____

If the position for which you are applying involves the handling of money, to the best of your knowledge, is there any reason why you cannot be bonded for the receipt and reconciliation of moneys? Yes _____ No _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION	DATE ISSUE	ISSUED BY: (State or Other Authority)	License Number	Location of Issuing Authority

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE POSITION FOR WHICH YOU ARE APPLYING FOR INVOLVES OPERATING A TOWNSHIP VEHICLE

Do you have a valid driver's license?	Yes	No
If yes, please list your driver's license number: _____		
Do you currently hold a CDL license?	Yes	No
Are there currently any points assessed against your license?		
If yes, how many: _____		
Do you have transportation to and from work?	Yes	No
Have you had your driving privileges suspended or revoked in the last five years?		
If yes, what were the circumstances surrounding the suspension or revoking of your driving privileges _____ _____		

EDUCATION: (Applicants may be required to provide proof of diploma, degrees, transcripts, licenses certifications and registrations.)

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS COMPLETED	MAJOR	DIPLOMA/DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
OTHER				
OTHER				

SPECIAL SKILLS/QUALIFICATIONS: LIST ALL SPECIAL SKILLS YOU POSSES AND MACHINES OR OFFICE EQUIPMENT YOU CAN USE, SUCH AS CALCULATIONS, PRINTING OR GRAPHICS EQUIPMENT, COMPUTER EQUIPMENT, TYPES OF SOFTWARE AND HARDWARE, ETC. AND ANY SKILLS WHICH YOU FEEL PARTICULARLY FIT YOU FOR WORK IN THE POSITION(S) APPLIED FOR:

REFERENCES (NOT Employers or Relatives)

Name	Address	Phone number

EMPLOYMENT HISTORY: This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications. Include *ALL* employment. Begin with your current or last position and work back to your first position.

Employer		Dates Employed	
		From	To
Address			
Telephone Number (s)			
Job Title	Supervisor		
Summary of Experience			
Reason for Leaving:			

Employer		Dates Employed	
		From	To
Address			
Telephone Number (s)			
Job Title	Supervisor		
Summary of Experience			
Reason for Leaving:			

Employer		Dates Employed	
		From	To
Address			
Telephone Number (s)			
Job Title	Supervisor		
Summary of Experience			
Reason for Leaving:			

Employer		Dates Employed	
		From	To
Address			
Telephone Number (s)			
Job Title		Supervisor	
Summary of Experience			
Reason for Leaving:			

Employer		Dates Employed	
		From	To
Address			
Telephone Number (s)			
Job Title		Supervisor	
Summary of Experience			
Reason for Leaving:			

Employer		Dates Employed	
		From	To
Address			
Telephone Number (s)			
Job Title		Supervisor	
Summary of Experience			
Reason for Leaving:			

CERTIFICATION (PLEASE READ AND SIGN BELOW)

I certify that the information contained herein is true and complete. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I also understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Township of Sparta is of an "at will" nature, which means that the employee may resign at any time and the Township of Sparta may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Township of Sparta Appointing Authority.

I understand that some positions may require post offer, pre-employment, physical, Drug/Alcohol Testing and/or psychological examinations. I understand, if employed, I will be required to contribute to a State-administered pension system. I understand most employees and applicants are required to pass a Civil Service exam to obtain permanent appointment.

I authorize the Township of Sparta to conduct a background investigation pertaining to my qualifications and the statements contained in this application. I further authorize the Township to contact the references I have listed on my application. I understand that this background investigation may include the following and I hereby give my consent.

- A. Credit Check
- B. Reference Check
- C. Review of Driving Record
- D. Physical Examination, including illegal drug and/or alcohol screening
(MAY BE CONDUCTED AFTER EMPLOYMENT IS OFFERED BY THE TOWNSHIP)
- E. Employment History Check

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s).

I understand any misstatement or omission on this form or during my interview may result in my disqualification for employment or termination of my employment if I have already been appointed.

SIGNATURE OF APPLICANT _____

DATE: _____

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.