CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

EMPLOYMENT APPLICATION

Equal Employment Opportunity Employer

Directions: Print neatly or type all entries and answer all questions.

POSITION APPLIED FOR:	DATE:		
NAME:			
ADDRESS:			
Number/Street	City State		Zip
TELEPHONE:/			
Home	Work	Messag	е
Are you legally authorized to work in the L	Inited States?	□ Yes	□ No
Are you physically capable of performing the duties of this job?			□ No
Have you been convicted of a crime, pled guilty, or been released from prison within the pas (10) years? \Box Yes \Box No			
If Yes, indicate the date and nature of the	offense:		
(A conviction will not necessarily bar an applicant fitness for the job for which you are applying.)	from employment unless su	ich record would	reasonably affect your
DRIVING INFORMATION			
If the position requires the operation of a r	notor vehicle, please co	omplete the fo	ollowing:
Do you possess a valid Driver's License:	•	□ Yes	□ No
STATE: LICENSE NUMBER: EXPIRATION DATE:			
CLASS: ENDORSEMENTS:			
Has your license ever been restricted, sus If yes, please explain	spended or revoked?	□ No	□ Yes
Have you had any moving violations within	the last two years?	□ No	_ □ Yes
UNITED STATES MILITARY BACK	GROUND		
Branch: [Date In:	Date Out:	
If you served in the military within the last ten years	s, please attach a copy of yo	our discharge pa	pers (DD Form 214).

EDUCATION AND TRAINING
Circle year completed: High School or GED: 1 2 3 4 College: 1 2 3 4 5 6 7 8 Degree Title:
List any training, licenses, certifications or certificates you feel would be useful in the position you are applying for:
EMPLOYMENT RECORD
Please start with your current or most recent employment and describe your work experience for the previous ten (10) year period. Include any periods of self-employment, U.S. military service, and any job related volunteer experience (paid or unpaid), which you may have. If you feel that your work experience beyond ten (10) years is important please include it. Additional sheets may be attached. If you held a position under a previous name, please note it in each employment section.
POSITION HELD:From (Mo. & Yr.)To (Mo. & Yr.) EMPLOYER NAME & ADDRESS:
SALARY:SUPERVISOR:PHONE #PHONE #
REASON FOR LEAVING OR CONSIDERING CHANGE:
POSITION HELD:From (Mo. & Yr.)To (Mo. & Yr.) EMPLOYER NAME & ADDRESS:
SALARY:SUPERVISOR:PHONE # PRIMARY DUTIES:
REASON FOR LEAVING:

POSITION HELD: EMPLOYER NAME & ADDRESS:	From (Mo. & Yr.)			
SALARY:SUPERVISOR: PRIMARY DUTIES:				
REASON FOR LEAVING:				
POSITION HELD:EMPLOYER NAME & ADDRESS:	From (Mo. & Yr.)			
SALARY:SUPERVISOR: PRIMARY DUTIES:				
REASON FOR LEAVING:				
If you are employed, may we contact your current employer? \Box Yes \Box No \Box Notify Me First				
I certify that the facts set forth in this application for employment are true and to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at-will"*, which means that either I, or this company, can terminate the employment relationship at any time, with or without prior notice, and for any reasons not prohibited by statute. All employment will continue on that basis. I understand that only the Director of the Central Keystone Council of Governments, or its Board members has the authority to alter the foregoing.				
SIGNATURE:		_DATE:		

*Employment "at-will" means that your employment is of no specific length, that you are free to resign at any time, with or without notice and the CKCOG is free to terminate the employment relationship at any time, for any reason, with or without notice.