



TOWNSHIP OF MOUNT OLIVE

Employment Application

PERSONAL INFORMATION

Date:	Social Security#:	
Position Applying For:		
Name:	Street Address:	
Town/City:	State:	Zip Code:
In Case of Emergency:	Phone#:	

EDUCATIONAL HISTORY

Elementary School:	Highest Grade Completed:	
High School:	Highest Grade Completed:	
College:	Major(s):	# Years Completed:
Other:	Major(s):	# Years Completed:
Have you attended school under another name?		
If yes, Name:		
Have you ever worked for Mount Olive Township?		
If Yes, From:	To:	Position Held:
If employed, can you submit proof of age? (circle one) Yes No		

WORK EXPERIENCE

1.) Employer's Name:	Address:	
Position:	Dates Employed:	Salary:
Reason for Leaving:		
2.) Employer's Name:	Address:	
Position:	Dates Employed:	Salary:
Reason for Leaving:		
3.) Employer's Name:	Address:	
Position:	Dates Employed:	Salary:
Reason for Leaving:		



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REFERENCES

Name: Address: Phone#: Occupation:

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AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, am a candidate for employment with the Township of Mount Olive do hereby authorize the Township of Mount Olive to search all relevant Police/Court records and I authorize the release of any and all information concerning criminal convictions/or arrests to the above listed employer.

WAIVER OF LIABILITY

I _____, am aware that this information will be used to determine my suitability for employment, with the above listed employer. I hereby agree to indemnify and hold harmless the law enforcement agency, agents of the agency and the municipality of the agency, from and against and all claims or damages which may arise either directly or indirectly from the release of this information.

Name: Address:

Phone: M/F:

Social Security#: Driver's License#:

Signature: Date:

The information on this application is accurate and subject to verification by Mount Olive Township. I understand that the furnishing of any misleading information will render this application void and will be just cause for termination in the event of my employment. I hereby give permission to Mount Olive Township or its duly authorized representative to contact any persons or companies named in this application other than my present employer.