## **EMPLOYMENT APPLICATION**

Please complete the entire application.

**Employer: Redevelopment Authority of Wayne County** 

**Address: PO Box 185** 

City/State/ZIP: Honesdale, Pennsylvania 18431

Telephone: 570-253-4882

It is the policy of Redevelopment Authority of Wayne County to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Information	
Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at this address:	
Daytime phone:	
Mobile phone:	
Social Security Number:	
Driver's License (State/Number):	
Emergency Contact	
Contact Name:	
Relationship to you:	
Daytime phone: Evening phone:	
Circle one Job Position Applied For: Weatherization Installer and / or Cre	w Chief
Salary Desired: \$ per	
Who referred you to our company?	
Do you have any friends or relatives who work here? If yes, please list here:	

Have you applied to our company previously? Yes No
If yes, when?
Are you at least 18 years old? Yes No
How will you get to work?
If you are offered employment, when would you be available to begin work?
If hired, are you able to submit proof that you are legally eligible for
Employment in the United States? Yes No
Have you ever been convicted of a felony? Yes No
If Yes, I was convicted of on
(date) in (city), (state)
THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN
AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF
EMPLOYMENT.
Skill Years of Experience Rating 1=low experience 5=high experience
[ ] Customer service 1 2 3 4 5
[ ] Construction - Weatherization Work 1 2 3 4 5
[ ] Knowledge of Power Tools 1 2 3 4 5
[ ] Able to work outside in all-weather 1 2 3 4 5
[] Willing to work in tight areas (attics, crawl spaces, etc)1 2 3 4 5
Current Valid Driver License

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):

## High School/GED Name and Address Did you receive a degree? Yes No Other Training (graduate, technical, vocational): Military Service: Yes \_\_\_\_\_ No\_\_\_\_\_Branch: \_\_\_\_\_ Specialized Training: References List any two non-relatives who would be willing to provide a reference for you. Name: Address: \_\_\_\_\_ City/State/ZIP: Telephone: Relationship: \_\_\_\_\_ Address: \_\_\_\_\_\_ City/State/ZIP: Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Redevelopment Authority of Wayne County to contact former employers and Educational organizations regarding my employment and education. I authorize my former Employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its BOARD MEMEBERS, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Redevelopment Authority of Wayne County, except in a specific written contract of employment signed on behalf of the organization by its BOARD MEMEBERS, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION	N AND I UNDERSTAND AND AGREE TO ITS TERM
	APPLICANT SIGNATURE
DATE_	