

**CHIPPEWA TOWNSHIP  
APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Employment Desired**

Position: \_\_\_\_\_  
Anticipated Start Date: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_  
Are you currently employed? YES/NO  
Current Employment Address: \_\_\_\_\_  
How long have you been employed at this position? \_\_\_\_\_  
Referred By: \_\_\_\_\_

Education	Name of School	Graduation Date/Expected Graduation Date
High School:	_____	_____
College:	_____	_____
Trade, Business, or Correspondence School	_____	_____

**General**

Subjects of Special Student or Research Work: \_\_\_\_\_  
\_\_\_\_\_  
Special Skills: \_\_\_\_\_  
\_\_\_\_\_  
U.S. Military Service: \_\_\_\_\_  
\_\_\_\_\_

**Former Employers (Detail your last 3 employers starting with most recent)**

Starting Date/Ending Date	Name & Address of Employer	Position	Salary	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**References (List 3 people who are not related to you whom you have known at least 1 year)**

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*The following statement applies in: Maryland & Massachusetts: it is unlawful in the state of PA to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.*

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*Signature of Applicant*

In case of emergency:

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Name

Address

Phone

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its president and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date:

Signature:

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*\*Please mail or drop off application to:*

*Attn: Human Resources  
2811 Darlington Road  
Beaver Falls, PA 15010*

*\*You may also email applications to: [hr@chippewa-twp.org](mailto:hr@chippewa-twp.org)*