

PUBLIC WORKS
FULL-TIME TOWNSHIP EMPLOYEE

Report to the Board of Supervisors any information that may be required by the Board and by the Pennsylvania Department of Transportation.

Must establish and maintain good public relations with Township residents and the general public.

Inspect roads, bridges, storm water facilities, etc. as directed by the Board of Supervisors.

Direct all work necessary to carry out the responsibilities imposed upon the Board of Supervisors with respect to the maintenance, repair and construction of township roads in the best interest of the health, safety, and welfare of township residents.

Must possess a valid CDL License and be capable of safely and efficiently operating all Township equipment. (Employees with a valid CDL License will be placed in a random pool for drug and alcohol testing as required by Law. Failure to pass random testing may be grounds for termination.)

Must be able to lift 50 pounds.

Must be willing to work over-time as needed.

Duties include, but are not limited to the following: Road Construction, Road Maintenance, Road Sign Installation and Maintenance, Storm Water Facilities Maintenance (pipes, drainage ditches, culverts, storm water boxes, etc.), tree trimming and removal, mowing, weed cutting, snow plowing, spreading salt and anti-skid for ice control, maintenance of grounds, buildings and parks, inventory control, and minor equipment repairs and maintenance. Additional duties may be assigned by the Board of Supervisors as deemed necessary.

Must Complete:

- Oath of Office / New Employees
- Back Ground Check / New Employees
- Routine Drug Testing (when required)
- Annual Statement of Financial Interests

SPRINGFIELD TOWNSHIP

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR _____

THIS APPLICATION IS FOR AN "AT WILL" EMPLOYMENT POSITION

SPRINGFIELD TOWNSHIP IS A DRUG FREE WORKPLACE

SPRINGFIELD TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER

Name (Last Name First) _____ Soc. Sec. No. _____

Address _____ Telephone _____

What kind of work are you applying for? _____

Are you 18 years or older? Yes ___ No ___

SPECIAL PURPOSE QUESTIONS

Do not answer any of the questions in this area unless the employer has **checked a box** preceding a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.

Height _____ Feet _____ Inches _____ Weight _____ lbs. Citizen of U.S. Yes ___ No ___

MILITARY SERVICE RECORD

Armed Forces Service ___ Yes ___ No From _____ To _____

Branch of Service _____ Duties _____

Rank or rating at time of enlistment _____ Rating at time of discharge _____

Are there any circumstances which you believe would hinder your ability to do the particular work applying for? Yes ___ No ___

If so, please describe _____

EDUCATION

SCHOOL	# OF YRS ATTENDED	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE?
GRAMMAR					
HIGH SCHOOL					
COLLEGE					
OTHER					

EMPLOYMENT HISTORY

NAME & ADDRESS OF COMPANY	DATE FROM / TO	LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING

REFERENCES

NAME	ADDRESS	OCCUPATION

SKILLS

What machines, equipment or type of work have you engaged in? _____

What training have you had in the skills you possess? _____

What training have you had pertaining to this job or operation of specific equipment? _____

What achievements, awards or recognitions have you been awarded that are pertinent to this job application?

DRIVING LICENSES

What states are you licensed to operate motor vehicles? _____

What type of license are you qualified for in each state? _____

Do you have any restrictions on the driving licenses in Pennsylvania or elsewhere?-If so, what: _____

PARTICULAR QUALIFICATIONS FOR THIS POSITION/ JOB

Please list in detail the specific particular qualifications and experience you believe pertinent for the job you are applying for?

By checking and initialing this box, I authorize background checks for child safety, criminal record and motor vehicle driving record.

I have reviewed this application and the responses and facts set forth therein are true and correct to the best of my knowledge, information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities, which provides that if I knowingly make false averments, I may be subject to criminal penalties.

Dated: _____

APPLICANT

APPLICATION FOR CDL EMPLOYMENT

NAME _____

ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

ADDRESS FOR PAST THREE YEARS IF DIFFERENT THAN ABOVE

EXPERIENCE AND QUALIFICATIONS – DRIVER

State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment	Dates From	To	Approx # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Two Trailers				
Other				

ACCIDENT RECORD FOR PAST THREE YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident	Fatalities	Injuries

VIOLATIONS FOR PAST THREE YEARS

Dates	Nature of Violation	Points Assessed	Loss of Driving Privileges