

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

(PAGE 1 OF 8)

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PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON  
THE ENTIRE APPLICATION FORM

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POSITION SOUGHT: \_\_\_\_\_ DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER (optional): \_\_\_\_\_

ARE YOU AN ADULT? YES: \_\_\_ NO: \_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

**IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE  
IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR  
CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO  
INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.**

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CURRENT EMPLOYER: \_\_\_\_\_  
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?  
YES: \_\_\_ NO: \_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

Union Township, Miami County Board of Trustees  
Employee Handbook and Procedures Manual

APPLICATION FOR EMPLOYMENT

(PAGE 2 OF 8)

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JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

Union Township, Miami County Board of Trustees  
Employee Handbook and Procedures Manual

APPLICATION FOR EMPLOYMENT

(PAGE 3 OF 8)

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SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

\*\*\*\*\*

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

(PAGE 4 OF 8)

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BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_ CURRENT SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,  
PROMOTIONS ETC.: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

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IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS OR ANY  
INFORMATION RELATED TO PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET  
OF PAPER TO DO SO.

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**EDUCATION AND TRAINING**

**THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT  
THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND  
TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE  
APPLICANT TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION.**

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HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ HIGH SCHOOL EQUIVALENT? \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

\_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

COURSES PERTAINING TO JOB APPLIED FOR: \_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

\_\_\_\_\_

APPLICATION FOR EMPLOYMENT

(PAGE 5 OF 8)

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GRADUATE SCHOOL(S) ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

**PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION OR TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.**

\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL INFORMATION**

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DO YOU HAVE ANY COMMITMENTS (IE., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

(The Employer will only consider specific crimes related to qualifications for positions applied for.)

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU A RESIDENT OF OHIO? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF NOT, ARE YOU WILLING TO BECOME A RESIDENT UPON EMPLOYMENT?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

(PAGE 6 OF 8)

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PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

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1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing if being considered for a safety sensitive position.

Initials: \_\_\_\_\_

2. If employed, I understand and accept that, depending on the position for which I am applying for employment, I may be required to work evenings or nights, including weekends and be on call and work mandatory overtime hours.

Initials: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

(PAGE 7 OF 8)

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3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the position for which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

5. If you are hired, this application will become part of your official employment record.

Initials: \_\_\_\_\_

6. I understand and accept that if I am hired, it will be my responsibility to read and understand all written policies, directives, and SOPs; and that I will be disciplined for violating them.

Initials: \_\_\_\_\_

7. I understand that discriminatory harassment (harassing conduct based on race, color, sex, national origin, age, religion, military status, or disability) and sexual harassment are prohibited by law, and I understand and accept that I will be fired if I engage in prohibited harassing behavior.

Initials: \_\_\_\_\_

8. I understand that all information that comes into my possession is to be regarded as confidential, and that I may not copy any record for my own use without written permission, on pain of termination.

Initials: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

(PAGE 8 OF 8)

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I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH UNION TOWNSHIP MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date

I HEREBY AUTHORIZE THE EMPLOYERS, SCHOOLS AND PERSONAL REFERENCES NAMED IN THIS APPLICATION TO PROVIDE INFORMATION REGARDING ME TO THE EMPLOYER. I FURTHER AUTHORIZE THE RELEASE OF PERSONNEL, ACADEMIC AND OTHER RECORDS TO THE EMPLOYER.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
Date