



Employment Application

We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an Equal Opportunity Employer.

Please Print

Last Name		First Name			Middle Name		
Address <i>Number & Street</i>		City		State		Zip Code	
Telephone Number		Dept.: (Circle one) Maintenance Admin Other (List)			Social Security Number		
Position Applying for:		Email Address:					

Have you ever filed an application with us before?

Yes

No

If Yes, give date: _____

Have you ever been employed with us before?

Yes

No

If Yes, give date: _____

Are you related to any current employee(s)?

Yes

No

If Yes, give name(s): _____

If hired, are you willing to work overtime?

Yes

No

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

On what date would you be available for work?

Do you have a valid Ohio driver's license?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

Can you provide required proof of your eligibility to work?

Yes

Have you been convicted of a felony within the last 7 years?

Yes

No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: _____

Education

	High School				College/University				Other (Specify)			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe Any Honors Received												

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				
2.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			From	To	
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				
3.	Employer		Dates Employed		Describe Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			From	From	
	Job Title	Supervisor			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving				

List any computer skills or other special skills you possess:

References

Give name, address and telephone number of three references who are not related to you.

1.

2.

3.

In Case of Emergency, Notify:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Applicant's Statement

1. I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize you to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process. I release all parties from any liability in connection with the provision and use of such information.
2. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed, will subject me to immediate termination whenever the falsification, misrepresentation, or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand and agree that, if employed by this organization; I will abide by its rules and regulations which I understand are subject to change.
4. I understand that a physical examination and a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. I release Sycamore Township Department, their authorized agents, and their employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.

Signature of Applicant

Date

Investigation Authorization

I understand that as a condition of my employment Sycamore Township may obtain a background check and driver's license report. I also understand that I will be required to take a drug and alcohol test prior to my employment.

Signature of Applicant

Date