

## **Perkins Township Application Information**

### **PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING OUR APPLICATION**

1. There is no guarantee of a job offer or a job interview by completing this application.
2. The application must be completely filled out to be considered for employment.
3. The application will be considered incomplete if the information provided cannot be verified by background checks or is not legible.
4. Due to the competitive nature of our employment process, specific reasons for employment decisions will not be released.
5. By submitting an employment application, you may be subject to the following checks:
  - a. Employment reference checks-previous employers and current employers
  - b. Drug Screening
  - c. Nicotine Screening
  - d. Criminal record check
  - e. Abstract driving record
  - f. Personal references
  - g. Professional references
  - h. Educational degrees
  - i. Credit Check
6. Did you sign and date the application?
7. A resume may be included.

Applications may be returned in person between 8:00 a.m. and 3:00 p.m., Monday through Friday at the Perkins Township Fire Department, 3003 Campbell Street, Sandusky, Ohio 44870 or by mailing to the address above.

**PERKINS TOWNSHIP**  
**Authorization and Release to Obtain Information**

I, \_\_\_\_\_ authorize Perkins Township to conduct a background investigation in connection with my application for employment.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its contents. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained for such investigation is confidential and will be released only to authorized persons in the employment process.

This investigation may include information from educational institutions, previous employers, military units and organizations, all US Government agencies to include the Office of Personnel Management (OPM), Department of Motor Vehicle records in any state, any physician or medical records, insurance companies, police or court records, tax and property records, personal references, developed references, and any other appropriate sources. I authorize the release of any information that Perkins Township may request from the above sources. I also authorize my former or current employers to give any information regarding my employment; together with any information they may have regarding me, whether or not it is in their records.

I hereby release Perkins Township, or any of its agents or representatives, and any person or entity so furnishing such information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by Perkins Township.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the forgoing signature to be his/hers, and having been duly sworn by me, made oath that the statements in said instrument are true.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Type or Print) Name

(Official Seal)

# PERKINS TOWNSHIP

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name _____	Date _____					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Last</td> <td style="width: 25%; border: none;">First</td> <td style="width: 25%; border: none;">Middle</td> <td style="width: 25%; border: none;">Maiden</td> </tr> </table>	Last	First	Middle	Maiden		
Last	First	Middle	Maiden			
Present address _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Number</td> <td style="width: 25%; border: none;">Street</td> <td style="width: 25%; border: none;">City</td> <td style="width: 25%; border: none;">State</td> <td style="width: 20%; border: none;">Zip</td> </tr> </table>	Number	Street	City	State	Zip	
Number	Street	City	State	Zip		
How long _____						
Telephone (____) _____	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-mail _____						

### EMPLOYMENT DESIRED

Position(s) applied for _____	Days/hours available to work: _____
Salary desired _____	
How many hours can you work weekly? _____	Can you work evenings? _____
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start work? _____	

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

Please identify where you learned about an employment opportunity with Perkins Township:	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	
<input type="checkbox"/> Employee Referral <input type="checkbox"/> College Placement Service <input type="checkbox"/> Website	

## WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Name of Employer</b> <b>Address</b> <b>City, State, Zip</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

<b>Name of Employer</b> <b>Address</b> <b>City, State, Zip</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your Last Job Title</b>		
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		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

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Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

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Have you ever been in the armed forces?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Are you now a member of the National Guard?  Yes  No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Have you ever been employed with Perkins Township?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives employed by Perkins Township?  Yes  No

If yes, please provide their names and relationship to you.

Do you have a valid Ohio driver's license? CDL?  Yes  No

State and Number: \_\_\_\_\_

Are you able to perform the essential functions and duties of the job for which you are applying?  Yes  No

If not, please describe the functions or duties you are unable to perform. \_\_\_\_\_

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## REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

## SKILLS AND QUALIFICATIONS

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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### Computer Skills:

Word Processing     Spreadsheets     Presentations/Forms     Email     Internet

**APPLICATION FORM WAIVER**

**Please read each paragraph closely, initial each, and sign below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Perkins Township to thoroughly investigate my references, work records, education, driving record, credit history, criminal background and other matters related to my suitability for employment. I further authorize the employers, schools and other references I have listed to disclose to Perkins Township any and all documents, transcripts, letters, reports and other information related to these references, without giving me prior notice of such disclosure. I hereby release Perkins Township, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

I understand that I will not receive, and am not entitled to, a copy of the report of the investigation or to know its content. I further understand that the contents of this report are privileged. I agree to give any further information that may be required in reference to my past record. I fully understand that all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Perkins Township. **As part of the Drug Free Workplace Policy, I agree to submit to drug and alcohol screening tests when required upon a conditional offer of employment and during employment. As part of the Tobacco Free Hiring Policy, I agree to submit to nicotine testing when required upon a conditional offer of employment and during employment.** I will participate in the Direct Payroll Deposit program as a condition of employment.

**SIGNATURE:**

**DATE:**

Perkins Township is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. Employment decisions are based upon the totality of the information provided and not solely upon any single factor.

**Thank you for completing this application form.**