PERKINS TOWNSHIP

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

			Date	
Name	First	Middle	Maiden	
	Number			
			State Zip	
				1
			or older?	No
E-mail				
EMPLOYMENT	DESIRED		7	
Position(s) applied	for	Days/hours	available to work:	
Salary desired				
How many hours ca	ın you work weekly?	Can yo	u work evenings?	
Employment desire	d DFULL-TIME ONLY	□PART-TIME ONLY	□FULL- OR PART-TIM	E
When are you availa	able to start work?			
EDUCATION		_		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
rngii ochool		i		1
riigii School				
College				
College				
College Business or				
College Business or Trade School				
College Business or				
College Business or Trade School Professional or				
College Business or Trade School Professional or				
College Business or Trade School Professional or				
Business or Trade School Professional or Graduate School	e you learned about an em	nployment opportunity with	Perkins Township:	
Business or Trade School Professional or Graduate School	•	nployment opportunity with	·	her

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.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
		To	Final
	Your last job tit	le	

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.

Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Phone number		From	Start	
		То	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.

Name of Employer Address	Name of last supervisor	Employment dates	nent Pay or salary	
City, State, Zip Phone number	1	From	Start	
		То	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.

WORK EXPERIENCE

- 12			
Name of Employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Phone number		From	Start
Thene named		То	Final
	Your last job titl	le	•
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used worked at this company.	or learned, advan	cements or promo	tions while you
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?			
Have you ever been in the armed forces?		□ Yes	□ No
Specialty Date Entered _	Di	ischarge Date	
Are you now a member of the National Guard?		☐ Yes	□ No
If hired, can you provide proof of U.S. citizenship		☐ Yes	□ No
or proof of your legal right to live and work in this co	untry?		
Have you ever been employed with Perkins Township	?	□ Yes	□ No
If yes, when?			
Do you have any friends or relatives employed by Pe	rkins Township?	☐ Yes	□ No
If yes, please provide their names and relationship to	you.		
Do you have a valid Ohio driver's license? CDL? State and Number:		☐ Yes	□ No
Are you able to perform the essential functions and d		☐ Yes	□ No
of the job for which you are applying?			
If not, please describe the functions or duties you are	unable to perfor	m	· ·

REFERENCES		
Please list below three p personal qualifications v	ersons not related to you who l vithin the last 5 years.	nave knowledge of your work performance and/or
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name	<u> </u>	Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
SKILLS AND QUALIF Summarize any special tr position for which you ar	aining skills, licenses and/or ce	ertificates that may assist you in performing the
,		
Computer Skills:	<u> </u>	
☐ Word Processing	☐ Spreadsheets ☐ Prese	entations/Forms

APPLICATION FORM WAIVER

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