

# PERKINS TOWNSHIP

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

Telephone (\_\_\_\_) \_\_\_\_\_

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    FULL-TIME                       PART-TIME                       SEASONAL

When are you available to start work? \_\_\_\_\_

### EDUCATION

(Upon employment, the successful applicant may be required to provide proof of graduation or GED)

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:

Newspaper     Employment Agency     Relative/Friend     Walk-In     Other  
 Employee Referral     College Placement Service     Website

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

If you are under 18, can you furnish a work permit?  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 submitted an application to Perkins Township?  Yes  No  
If yes, when? \_\_\_\_\_

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, who? \_\_\_\_\_

Do you have a valid Ohio Driver's License?  Yes  No

(This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered)

If yes, type of license: \_\_\_\_\_ Operator's \_\_\_\_\_ Commercial

CDL Endorsements: \_\_\_\_\_

Military Service or Veteran Status?  Yes  No

If yes, provide branch of service, rank, discharged date: \_\_\_\_\_

Have you been provided with a written job description of the position for which you applied?  Yes  No

Are you able to perform the essential duties, responsibilities and functions of the job for which you have applied?  Yes  No

Can you meet the attendance requirements of this position?  Yes  No

Are you able to work overtime if necessary?  Yes  No

Are you able to travel if the position requires it?  Yes  No

List special equipment or machines you can operate: \_\_\_\_\_

Please list any additional information you feel may be helpful to us when considering your application. Exclude those which indicate race, color, religion, sex, or national origin.

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

Please explain any gaps in employment: \_\_\_\_\_

Have you ever been fired or asked to resign from a job? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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

## REFERENCES

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

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.

.....

.....

.....

.....

### Computer Skills:

Word Processing     Spreadsheets     Presentations/Forms     Email     Internet

## 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	Name of last supervisor	Employment dates	Current pay or salary
Address City, State, Zip		From To	
Phone number	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	Name of last supervisor	Employment dates	Current pay or salary
Address City, State, Zip		From To	
Phone number	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	Name of last supervisor	Employment dates	Current pay or salary
Address City, State, Zip		From To	
Phone number	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.			

## 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 a nicotine screening test 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**

