



Employment Application

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address				Apartment/Unit #	
City	State		ZIP		
Phone	E-mail Address				
Date Available		Desired Salary			
Position Applied for		Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal			
Referral Source:		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Job line	<input type="checkbox"/> Relative	<input type="checkbox"/> Employment Agency
		<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
Do you have any relatives and/or friends working for Anderson Township?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?	
Have you worked for Anderson Twp before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you currently have a valid Ohio Commercial Drivers License		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT HISTORY					
<i>Provide the following information from your past and current employers, assignments, or volunteer activities, starting with your most recent. Explain any gaps in employment in the comments section below.</i>					
Employer			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Employer			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

COMMENTS *including explanation of any gaps in employment.*

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and / or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

MILITARY – COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training	Branch of Service
	Period of Active Duty (Month & Year)
	Rank of Discharge
	Date of Final Discharge

EDUCATION

High School	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references that are not related to you and are not previous supervisors. If not applicable, list three personal references that are not related to you.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

ADDITIONAL INFORMATION: ORGANIZATIONS

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status

ORGANIZATION	OFFICES HELD

ADDITIONAL INFORMATION: AWARDS

List special accomplishments, publications, awards, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status

ADDITIONAL INFORMATION: OTHER

List any additional information that you would like us to consider. Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status

FILL OUT ONLY – IF YOU ARE APPLYING FOR PUBLIC WORKS POSITION

Are you able to lift and move a 6 cu/ft wheel barrow filled with concrete or other aggregate material over a rough terrain?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to climb up and down a 15 foot vertical ladder as used in a man-hole or catch-basin?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you able to left and operate an 80 pound, air operated jack hammer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you allergic to grass, straw, pollen, or asphalt products?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you currently have a CDL?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby authorize any reference, school, former employer, or any other person to disclose to Anderson Township upon request any and all documents, records, or other information that they may possess and I release them from liability for disclosing such information to Anderson Township. (This authorization shall remain in effect for a period of ninety (90) days from the date below.

I understand that if I meet all requirements and characteristics as indicated in the job description, hiring may be contingent upon successful completion of drug and alcohol test, background check, credit report, and physical examination by a medical professional. These costs will be borne by the Township.

I understand that if employed:

- I may be required to work additional or fewer hours at other than my current assignment as the needs of the Township require.
- My employment is subject to complying with those rules, regulations, and conditions as established by management.
- I will be required to conform to all existing and future policies and procedures of Anderson Township.
- Anderson Township reserves the right to change wages, hours, and working conditions, as deemed necessary.

I understand that if I am offered employment that I must provide appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by law prior to my first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the Anderson Township Board of Trustees.

Signature

Date