



EMPLOYMENT APPLICATION

Date of Application: _____ Department: Administration I.T. Fire Police Roads Zoning

Desired Position: _____ Full-time Part-time Volunteer

PERSONAL INFORMATION (please print):

 Last Name First Name Middle Initial

 Current Street Address City State Zip Code How long

 Previous Street Address City State Zip Code How long

 Primary Phone Number Alternate Phone Number Last 4 of Social Security #

 Drivers' License # (**ATTACH COPY**): Expiration Date: State of Issue:

Date available for work: _____ Desired salary: \$ _____ Can you work evenings? Yes No

If seeking part-time or volunteer employment, check the days and document the hours you are unavailable to work:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with Sugar Creek Township? Yes No If yes, date: _____

Have you ever been employed by Sugar Creek Township? Yes No If yes, date: _____

Do you have any relatives that work for Sugar Creek Township? Yes No

Are you currently employed? Yes No May we contact your employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Are you legally eligible for employment in the U.S.? Yes No

EMPLOYMENT HISTORY

List most recent employment first, use an extra sheet of paper if necessary. No more than 10 years history is recommended.

Employer Name and Address:	Position title / duties and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Employment History Continued ...

Employer Name and Address:	Position title / duties and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

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Starting Pay: \$	Supervisor:		
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		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Summarize other employment related to the position applying for:

EDUCATION

	Institution Name	Field of Study	Graduate Or Degree	Date Completed
High School				
College/University				
Business/Technical				
Other				

MILITARY

Are you a veteran? Yes No If yes, what branch? _____

Dates of Duty: from _____ to _____ Rank at discharge? _____

Duty/specialized training: _____

SKILLS & QUALIFICATIONS

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Please provide a copy of all certifications

Are you a State of Ohio Certified Firefighter? Yes No

If yes, what level? _____ Certification Number: _____

Are you an Ohio Emergency Medical Technician (A) (B) (P)? If yes, what level? _____ Yes No

If yes, what level? _____ Certification Number: _____

Are you a Certified Peace Officer with the State of Ohio? Yes No

If not currently certified, when do you expect to obtain certification? _____

Do you have your Commercial Drivers' License (CDL)? If yes, expiration date? _____ Yes No

Other professional licenses, certifications or registrations:

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate:

Additional skills, including supervision skills, other languages or information regarding the position you wish to bring to the employer's attention:

Typing speed: _____ per minute

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the position for which you are applying!

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position or occupation for which you have applied? A review of the activities involved in such a position or occupation has been given for review.

Yes No

REFERENCES

List three personal references who are not relatives or former supervisors.

Name Address Telephone Occupation Years known

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READ AND SIGN BELOW

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give Sugarcreek Township any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that, in considering my application for employment, Sugarcreek Township may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, school, companies, organizations, credit bureaus, law enforcement agencies, and previous employers to release any information concerning my background.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of such investigative report that is made.

Signature of Applicant

Date Agreed

FOR HUMAN RESOURCE USE ONLY

Interviewed by: _____ Date: _____

Comments: _____

