

# BEAVERCREEK TOWNSHIP EMPLOYMENT APPLICATION

1981 Dayton-Xenia Rd., Beaver Creek, OH 45434-7158  
www.beavercreektownship.org

(Please Print in Ink)

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

.....  
Name: \_\_\_\_\_  
(Last) (First Name) (Middle)

Address: \_\_\_\_\_  
(Street) (City)  
\_\_\_\_\_  
(State) (Zip Code) Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Home) (Cell) (Fax) (Other) (Email Address)

.....  
Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give approximate date. \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, give dates. \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you 18 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you provide proof of eligibility for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Proof of citizenship or immigration status will be required upon employment.)

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

License Number \_\_\_\_\_ State \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  
\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ No. of Hours

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Conviction of a felony will not necessarily eliminate you from consideration of employment)

If so, give dates, nature and disposition of all convictions. \_\_\_\_\_

***WE ARE AN EQUAL OPPORTUNITY EMPLOYER***

Are you a high school graduate?

\_\_\_ Yes \_\_\_ No

**Education and Training**

Indicate last level completed: High School  College or University  Graduate School

Name of High School, Technical School, and College	City, State	Major	Did you Graduate?	Degree

Describe any specialized training, apprenticeships, skills, extra-curricular activities, or honors.  
\_\_\_\_\_  
\_\_\_\_\_

List any professional or trade licenses or certifications that are relevant to the position for which you are applying.  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**Specialized Skills (Check Skills/Equipment Operated)**

\_\_\_ PC                      \_\_\_ Spreadsheets (Excel)                      Heavy/Light Equipment and Motor Vehicles and Other Equipment  
\_\_\_ Calculator                      \_\_\_ PBX System                      Operated (Please List): \_\_\_\_\_  
\_\_\_ Typewriter                      \_\_\_ MSWord/WordPerfect                      \_\_\_\_\_  
\_\_\_ Typing Speed                      \_\_\_ Shorthand Speed                      \_\_\_\_\_

Do you have a valid CDL (Commercial Driver's License): \_\_\_ Yes \_\_\_ No

.....  
**List Professional, Trade, Business or Civic Activities and Office(s) Held**

You may exclude memberships that would reveal sex, race, religion, national origin, age, weight, marital status, disability, or other protected status.  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION**

Summarize special job-related skills and qualifications acquired from employment or other experience.  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you had any experience in the Armed Forces of the United States or in the National Guard? \_\_\_ Yes \_\_\_ No  
If yes, what branch? \_\_\_\_\_ Rank at discharge: \_\_\_\_\_  
Type of discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_  
Are you in the Reserves? \_\_\_ Yes \_\_\_ No                      If yes, date obligation ends: \_\_\_\_\_

Describe any job-related training received in the United States military.  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

Please list your most recent employer first.

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(Company Name) \_\_\_\_\_ (Street Address) \_\_\_\_\_

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(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ May we contact employer?  Yes  No

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(Starting Job Title) \_\_\_\_\_ (Final Job Title) \_\_\_\_\_

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(Supervisor's Name & Title) \_\_\_\_\_ (Phone) \_\_\_\_\_

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(Reason for Leaving) \_\_\_\_\_

Job Duties:

Dates of Employment: \_\_\_\_\_

From (mo/yr)                      To (mo/yr)

---

Starting Rate of Pay (\$) \_\_\_\_\_ Ending Rate of Pay (\$) \_\_\_\_\_

Please list your most recent employer first.

---

(Company Name) \_\_\_\_\_ (Street Address) \_\_\_\_\_

---

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ May we contact employer?  Yes  No

---

(Starting Job Title) \_\_\_\_\_ (Final Job Title) \_\_\_\_\_

---

(Supervisor's Name & Title) \_\_\_\_\_ (Phone) \_\_\_\_\_

---

(Reason for Leaving) \_\_\_\_\_

Job Duties:

Dates of Employment: \_\_\_\_\_

From (mo/yr)                      To (mo/yr)

---

Starting Rate of Pay (\$) \_\_\_\_\_ Ending Rate of Pay (\$) \_\_\_\_\_

Please list your most recent employer first.

---

(Company Name) \_\_\_\_\_ (Street Address) \_\_\_\_\_

---

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ May we contact employer?  Yes  No

---

(Starting Job Title) \_\_\_\_\_ (Final Job Title) \_\_\_\_\_

---

(Supervisor's Name & Title) \_\_\_\_\_ (Phone) \_\_\_\_\_

---

(Reason for Leaving) \_\_\_\_\_

Job Duties:

Dates of Employment: \_\_\_\_\_

From (mo/yr)                      To (mo/yr)

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Starting Rate of Pay (\$) \_\_\_\_\_ Ending Rate of Pay (\$) \_\_\_\_\_

Please list five-(5) persons who have knowledge of your experience and qualifications for this position. Do not include relatives. If you are known to your references by another name, please note.

	<u>Name</u>	<u>Email Address</u>	<u>Phone</u>	<u>Business Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**Read Carefully and Sign**

I certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding educational institutions which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to appropriate officials for recruitment purposes. I further agree that either I, or the Township, may terminate my employment with or without cause and with or without prior notice, at any time. Finally, I understand that any information provided that was not specifically requested will invalidate the application.

I further agree that any claim or lawsuit relating to my service with the Township must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

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(Signature)

(Date)