

# 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) \_\_\_\_\_

---

(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.

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(Signature)

(Date)