

BEAVERCREEK TOWNSHIP EMPLOYMENT APPLICATION

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

(Please Print in Ink)

Position Applied for: _____ Date of Application: _____

.....
Name: _____
(Last) (First Name) (Middle)

Address: _____
(Street) (City)

_____ Social Security #: _____
(State) (Zip Code)

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.

(Company Name)		(Street Address)	
(City)	(State)	(Zip Code)	May we contact employer? <input type="radio"/> Yes <input type="radio"/> No
(Starting Job Title)		(Final Job Title)	
(Supervisor's Name & Title)		(Phone)	
(Reason for Leaving)		Dates of Employment: _____	
Job Duties:		From (mo/yr)	To (mo/yr)

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

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(Supervisor's Name & Title)		(Phone)	
(Reason for Leaving)		Dates of Employment: _____	
Job Duties:		From (mo/yr)	To (mo/yr)

		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.

(Signature)

(Date)