

AUBURN TOWNSHIP
APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

Name: _____			
LAST	FIRST	MIDDLE	
Address: _____			
STREET	CITY	STATE	ZIP CODE
Telephone: _____	Social Security Number: _____		
Application Date: _____	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service _____	
Are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PERSONAL DATA

Position(s) desired: _____ Full-Time Part-Time

Date available to start? _____

Have you previously applied for a job with the Township? Yes No When: _____

Have you ever been employed by the Township? Yes No When: _____

Reason for leaving? _____

Are you related to anyone employed by the Township? Yes No

State name and relationship: _____

Do you have any time commitments that might interfere with your employment? Yes No

If yes, please explain _____

Have you ever been employed by another public employer in Ohio? Yes No

If yes, provide place and dates of service _____

Have you ever been dismissed from or asked to resign from any employment position? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes No

If yes, please explain: _____

If the job posting listed a driver's license or commercial driver's license as required for the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes No
- Do you presently have or are you able to obtain a valid Ohio commercial driver's license? Yes No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes No
- Have you had any traffic violations in the past three (3) years? Yes No

If yes, please list:

OFFENSE

APPROXIMATE DATE/YEAR

<u>OFFENSE</u>	<u>APPROXIMATE DATE/YEAR</u>

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference? Yes No

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

List professional organization memberships and offices held, excluding those which would indicate race, color, religion, sex, age, national origin, political affiliation, disability and/or ancestry:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS ATTENDED				
OTHER (SPECIFY)				

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order - last position first - including U.S. Military. Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

Applicants for employment with the Township are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

Applicants must submit a new application for consideration for a new position.

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW:

YES No

REMARKS: _____

INTERVIEWER'S SIGNATURE

DATE

EMPLOYED: YES NO STARTING DATE: _____

STARTING RATE: _____

JOB TITLE: _____

Auburn Township
11010 Washington Street
Chagrin Falls, OH 44023