



Jackson Township Employment Application

Clearly print all information legibly.

(Updated September 2019)

APPLICANT INFORMATION

Last Name		First	Middle
Street Address			Apartment/Unit#
City		State	ZIP
Phone		E-mail Address	
Mobile Phone		Mobile Provider for Text Message	
Date Available		Social Security	
Position Desired		Are you 18 years old or older?	
Are you legally allowed to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		May we contact your present employer? YES <input type="checkbox"/>	
		NO <input type="checkbox"/>	
Do you smoke or use tobacco products?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If yes, explain	
What hours/days are you not available?			
Do you have body art, piercings, tattoos or other modifications visible upon your body?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If yes, explain	

APPLICANT EDUCATION

High School		City / State	
From	To	Did you graduate?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
		Degree	
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
		Degree	
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
		Degree	

FIRE DEPARTMENT APPLICANTS ONLY

Do you have a valid EMT basic or paramedic certification? YES <input type="checkbox"/>			NO <input type="checkbox"/>
Date	EMT-B or EMT-P Number	Expires	
Do you have an Ohio Firefighters Level II Certificate? YES <input type="checkbox"/>		NO <input type="checkbox"/>	School and Date Acquired
Do you have a Candidate Physical Abilities Test or equivalent certification? YES <input type="checkbox"/>			
NO <input type="checkbox"/>			

REFERENCES*Please list three work related references, (do not use relatives).*

1. Full Name	Relationship
Company	Phone ()
Address or email	
2. Full Name	Relationship
Company	Phone ()
Address or email	
3. Full Name	Relationship
Company	Phone ()
Address or email	

PREVIOUS EMPLOYMENT - List current and 2 most recent employers

Current Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your current supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
1. Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Specialized Military Skills or Experience that relate to the position you are seeking at Jackson Township?

VOLUNTEER SERVICE - List any Voluntary or Community Service and/or Citizen Awards

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DRIVING LICENSE INFORMATION

Do you have a valid Ohio driver license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain.
Driver license number	Expiration Date		
Do you have a valid Ohio CDL license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Class
Do you currently have violation points on your driver license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

PRIOR FULL-TIME EMPLOYMENT WITH A TOWNSHIP

<u>Agency</u>	<u>Date Started</u>	<u>Date Ended</u>	<u>Reason for leaving</u>
1.			
2.			
3.			

OTHER SPECIALIZED SKILLS OR TRAINING (Circle all that apply)

Computers	MS Office	Dump Trucks	Sprayers	Hydraulic Tools
Mowers	Hand Tools	Loaders	Backhoes	Power Tools
Plumbing	Carpentry	Electrical Work	Welding	Haz Mat
Rescue Skills	Instructor	Public Speaking	CPR	Powerpoint
Other Specialized Skills, Hobbies or Interests (explain)				

Equal Opportunity Employer

Jackson Township prohibits discrimination against any person in any practice or procedure relating to hiring, promotion, discharge, pay, training, fringe benefits, and other aspects of employment on the basis of race, color, sex, national origin, marital status, age, religion, political affiliation, disability which is unrelated to a person's occupational qualifications, or any other non-merit factor which is not a bona fide occupational qualification.

Jackson Township shall make available reasonable accommodations, which do not impose an undue hardship upon the Township, to qualified job applicants and Township employees with disabilities, as defined in The Americans With Disabilities Act and corresponding state law, during the recruitment process and during employment.

Employment with Jackson Township is at the discretion of the Jackson Township Board of Trustees dependent upon the needs of the Township and the performance of the employee. All employees of Jackson Township serve at the pleasure of the Board of Trustees and such employment may be terminated at any time.

No oral promises regarding any employment relationship, benefit or opportunity can be made or relied upon as the terms of the Jackson Township employment relationship are defined exclusively with the latest version of the Jackson Township Employee Handbook.

Important notice to all applicants: Some positions require certifications that are not available to individuals with certain prior convictions. If you are applying for those positions, Jackson Township may perform a post-application criminal background check. By applying, you consent to noted background check.

APPLICANT'S DISCLAIMER AGREEMENT AND RELEASE

I certify that I have read and understand the information requested on this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions, or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any time during my employment. I understand that lawful examinations, medical or substance abuse, or others as may be required by Jackson Township.

I authorize Jackson Township or its agents, including First Advantage and consumer reporting bureaus to verify any of this information by searching appropriate information and record sources. I authorize all employers (unless restricted on this application), persons, schools, companies, law enforcement authorities, and state agencies to release any information concerning my background and hereby release those parties from any liability whatsoever for issuing this information. I further release Jackson Township of any and all claims arising out of the Township's efforts to verify the information I have provided in this application and/or its determination of my qualifications and abilities. In the event that additional information is required in order for the Township to verify the information contained in this application and/or determine my qualifications, I agree to provide such additional information or releases in a timely manner.

I confirm that I meet all the requirements as started on the job posting(s) or job descriptions for the position(s) for which I am applying; I am further able to perform all the essential duties of the position(s) as in the Position Descriptions with or without reasonable accommodation.

I understand and agree that, as a condition of my employment, I shall meet and maintain all required standards of my position, which involve certification, registration, license and/or training. I further understand that I may be required to enroll in courses and/or other training at my own expense in order to maintain the standards of my position.

I grant permission to have this application and enclosures duplicated and to be distributed to any persons in Jackson Township responsible for initial screening, interviewing, recommending applicants for employment and to other employees responsible for personnel records and reports.

SIGNATURE _____ **DATE** _____

Important applicant note: Applications received by Jackson Township become subject to the Ohio Public Record Act and will be retained per the Jackson Township Records Retention Schedule for two years from the date signed.