



Washington Township - Dublin Ohio Employment Application

Washington Township is an equal opportunity employer and offers employment opportunities without regard to race, color, age, religion, sex, national origin, or any other characteristic protected by applicable law.

Only completed applications are considered. Attaching a resume does not constitute a completed application. Please print legibly.

Contact Information

Name: _____
First M.I. Last

Address: _____
Street City State Zip Code

Phone #: () () ()
Home Cell Other

S. S. #: _____ E-mail Address: _____

Personal Information

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and complete the required employment eligibility verification document form upon hire.

Are 18 years of age or older? Yes No

Do you have a current & valid drivers' license? Yes No D. L. #: _____ State Issued: _____

Class: _____

Position Preferences

Desired Position: _____ Start Date: _____

Desired Status: Full-Time Part-Time 1-Unit 2-Unit 3-Unit

Have you previously applied for a position with, or been employed by, the Township? Yes No

If Yes, when did you apply or what dates were you employed? _____

What position did you hold or what position did you apply? _____

Desired Salary: \$ _____ Hourly Annual Salary

Referral Source: Township Website Other Website (website name): _____

Employee Referral (employee name): _____

Are you capable of performing the position's essential job functions with or without accommodation? Yes No



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Education						
	Institution's Name	Address	Dates Attended	Degree Received	Graduated Y /N	Course of Study
High School / GED						
Business / Vocational School						
College						
Graduate School						

Certifications (please attach copy of certification)		
Certificate	Date Certified	Certificate #

Training / Skills:



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Employment Experience

Beginning with your current or most recent employer, please provide at least five (5) years of employment experience, if applicable. Attach an additional sheet if needed.

From _____ To: _____	Employer Name /Address	Position/Title
Salary/Hourly Rate	Summary of Job Duties	Supervisor Name/Title
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Supervisor Phone #:
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____ To: _____	Employer Name /Address	Position/Title
Salary/Hourly Rate	Summary of Job Duties	Supervisor Name/Title
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Supervisor Phone #:
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____ To: _____	Employer Name /Address	Position/Title
Salary/Hourly Rate	Summary of Job Duties	Supervisor Name/Title
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer		Supervisor Phone #:
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Professional References

Name / Title	Address	Telephone #	Years Known

Affidavit

Please initial the spaces following each paragraph and sign and date the affidavit below.

I certify all information furnished in this employment application and its addenda (including additional sheets, transcripts, certificates, resumes or any other material submitted for employment consideration) is true and complete to the best of my knowledge. I understand Washington Township of Franklin, Delaware and Union Counties, Ohio (hereinafter called the "Township") may investigate the information furnished and I authorize any person, firm or organization to supply any information about my past employment, military duty, convictions, education or personal information to the Township. I release any such person, firm or organization from responsibility in disclosing such information. I realize any misrepresentation or false information or false materials included with this application or provided in the interview process can lead to a withdraw of an offer of employment or termination from employment with the Township.

I understand nothing contained in this application or in the granting of an interview creates an offer of employment. However, if offered employment, I understand my employment including any orientation period is entirely at-will, regardless of the method or form of payment of wages, such that employment may be terminated at any time, with or without cause and with or without notice unless required by law. I understand my at-will employment status may not be changed unless changed in writing and approved by the Township's Board of Trustees. I further understand an offer of employment or actual employment does not increase an obligation to employ in the future.

I understand that if employed, I will be in a period of instruction for a period of time relevant to the position and duties of that position.

I shall, without fail, return any and all Township property which was paid for by the Township. I will take care of all Township property entrusted to my care to the best of my ability and shall not willfully abuse or neglect said property. All Township property shall be turned into the township within 24 hours of termination of employment. I agree to pay all costs including court cases incurred by the Township to secure the return of Township property entrusted to my care.

This application is the property of the Township and will remain valid for a period of six (6) months from the date received, only when received for employment. In the event of employment, this application shall become a part of the individual personal file.

I have read the job description(s) for which I am making this application for employment.

Note to Applicants:

Washington Township is an Equal Opportunity Employer. Background checks, driving record checks, physical exams and/or drug screens checks may be performed at the Township's discretion depending on the duties of the position and employment is contingent upon successful completion.

I certify all responses provided are true and accurate to the information required and I will immediately supplement information, which I later find to be relevant to be untruthful or inaccurate in the application. I understand the application questions and affidavit and agree to be bound by their statements.

Signature _____ Date _____



WASHINGTON TOWNSHIP
Franklin, Delaware and Union Counties
FAIR CREDIT REPORTING ACT
CONSUMER REPORT
DISCLOSURE AND
AUTHORIZATION



Washington Township has disclosed to me that it may procure and may take into consideration the results of a consumer report as part of its background investigative process for pre-employment purposes and/or at anytime throughout my employment with the Company, should I be hired.

I also authorize Washington Township to procure and use as part of its background investigation the results of such a consumer report for pre-employment purposes and/or at anytime throughout my employment with Washington Township, should I be hired.

Should I become employed by Washington Township, this form will remain on file.

My signature below signifies my authorization of these above mentioned items and my receipt of this disclosure.

Signature

Date

Print Name



WASHINGTON TOWNSHIP
Franklin, Delaware and Union Counties
FAIR CREDIT REPORTING ACT
INVESTIGATIVE CONSUMER REPORT
DISCLOSURE AND AUTHORIZATION



Washington Township has disclosed to me that it may procure and may take into consideration the results of an investigative consumer report for pre-employment purposes and/or at anytime throughout my employment with Washington Township, should I be hired.

I also authorize Washington Township to procure and use as part of its background investigation the results of such an investigative consumer report for pre-employment purposes and/or at anytime throughout my employment with Washington Township, should I be hired.

Should I become employed by Washington Township, this form will be retained on file.

I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of any investigative consumer report requested on my background, as well as a summary of my rights under the FCRA.

My signature below signifies my authorization of these above mentioned items and my receipt of this disclosure.

Signature

Date

Print Name