

**WASHINGTON TOWNSHIP TRUSTEES
HENRY COUNTY, OHIO**

**APPLICATION
FOR
PUBLIC EMPLOYMENT**

Date:			
Name			
	First Name	Middle Initial	Last Name
Address			
	Street	City/State	Zip Code
Telephone			
	Home	Cell	
Email Address			
Appointment or Position Applying for			

CONTACTS:

1. Are you related to any current employee of Washington Township (Circle) NO YES

If yes give name and position.		
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2. Are you related to any member of the board, or commission for whom you are applying? (Circle) NO YES

If yes give name and position.		
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3. Do you serve on any other public or not-for-profit board or commission? (Circle) NO YES

If yes, please identify		

4. EDUCATION:

High School		Graduation Date	
Post High School Education			

If applying for a position requiring such, do you have a valid CDL ____ Yes ____ No Class _____

5. MILITARY HISTORY:

Branch of Service		Discharge Date	
Highest Rank			

6. EMPLOYMENT HISTORY:

FORMER EMPLOYERS (List below your last three employers, starting with last one first)

Name & Address Employer	
Starting Date	Leaving Date
Weekly Starting Salary	Weekly Final Salary
Job Title	
Description of Work	
Name & Title of your Supervisor?	Phone Number
May we contact your Supervisor?	

Name & Address Employer	
Starting Date	Leaving Date
Weekly Starting Salary	Weekly Final Salary
Job Title	
Description of Work	
Name & Title of your Supervisor?	Phone Number
May we contact your Supervisor?	

Name & Address Employer	
Starting Date	Leaving Date
Weekly Starting Salary	Weekly Final Salary
Job Title	
Description of Work	
Name & Title of your Supervisor?	Phone Number
May we contact your Supervisor?	

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No
 Can you travel if a job requires it? ___ Yes ___ No

7. REFERENCES:

List 3 persons not related to you who have definite personal knowledge of your qualifications for this position

Name	Address	Phone number

8. STATEMENT:

Please provide a brief statement as to why you feel you are qualified for this employment or appointment.

9. STATEMENT:

Please include any other information here that you feel would be of importance to the township trustees in the selection process.

10. STATEMENT:

Are you aware of any circumstances that exist that would create a conflict of interest or the appearance of a conflict of interest if you are hired for employment.

(Circle) NO YES

If yes, please explain:

*****BACKGROUND CHECK WILL BE CONDUCTED***- You will not be denied employment solely because of a conviction.**

**PERMISSION FOR JOB BACKGROUND INVESTIGATION
AND RELEASE FORM FOR CONSUMER REPORTS**

I, the undersigned Applicant, agree and authorize Washington Township to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that Washington Township will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by Washington Township to furnish the above-mentioned reports at any time during my employment with Washington Township.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with Washington Township.

Print your name: _____

Street Address: _____

City: _____

Social Security Number: _____

Driver's License – State _____ Number: _____

For Identification Purpose:

Date of Birth (Month) _____ (Day) _____ (Year) _____ Race: _____ Gender: _____

Professional License – State: _____ Type: _____ Number: _____

Applicant's Signature

Date Signed

Witness Signature

Printed Witness Name

EMPLOYMENT APPLICATION DRUG POLICY STATEMENT

A drug-free work place has been adopted by the Washington Township Board of Trustees accordance with Section 12.4 of the Washington Township Employee Handbook.

It is the policy of Washington Township to ensure a drug-free work place. Employees are required to refrain from the use of drugs from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense of drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment.

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of Applicant:		Date:
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Complete and Email or Mail To

Washington Township Trustees

P. O. Box 27

Liberty Center, Oh 43532

Phone: 419-261-0115

Email:

info@washtwphenry.com