

**EMPLOYMENT APPLICATION  
WASHINGTON TOWNSHIP**

HENRY COUNTY  
470 TOLEDO ST., COLTON, OH 43510  
419-261-0115

Equal access to programs, services and employment is available to all persons. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**PLEASE PRINT**

Position(s) applying for \_\_\_\_\_

Date: \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First MI

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_ **DOB** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

Have you ever been employed here before?  NO  YES *if yes, starting* \_\_\_/\_\_\_/\_\_\_ & ending \_\_\_/\_\_\_/\_\_\_  
Date available to work \_\_\_/\_\_\_/\_\_\_

Employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you able to meet the attendance requirements of the position?  YES  NO

**WASHINGTON TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, or volunteer activities starting with the most recent. Use additional paper if necessary.

*Explain any gaps in employment in Comments section below.*

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	

**Comments** (include explanation of any gaps in employment) \_\_\_\_\_

**SKILLS AND QUALIFICATIONS** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**EDUCATIONAL BACKGROUND** (if job related) List last three (3) schools attended, starting with the most recent.

SCHOOL ATTENDED	YRS. COMPLETED	DEGREE OR DIPLOMA	GPA OR CLASS RANK	MAJOR	MINOR

**REFERENCES** List three business/work references that were not your supervisor and that is not a relative.

NAME	TELEPHONE	YRS. KNOWN

**ADDITIONAL INFORMATION** List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL, SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE/POSITION HELD

**SPECIAL ACCOMPLISHMENTS, awards, publications, etc.** EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL, SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you would like us to consider

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**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING AND DATING THIS APPLICATION.**

- 1. I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false or misleading information or material omissions on this application shall be grounds for immediate termination of employment.
- 2. I AUTHORIZE:** (1) The Washington Township Board of Trustees to investigate information concerning my previous employment, experience and education; (2) those persons and companies referenced above to freely provide information to Washington Township, for which I hereby release each of these persons and companies which provide or receive information about me from any and all liability for any damage that may result from furnishing such information; (3) those persons and companies referenced above to accept a photocopy or facsimile copy of this page as my consent and release of liability for providing all requested information to Washington Township; and (4) Washington Township, to request and receive a copy of my (i) credit report, (ii) criminal records, and (iii) driving records.
- 3. I UNDERSTAND** and agree that my employment and compensation is at the will of Washington Township, and myself and thus it may be terminated at any time with or without prior notice, with or without cause, at the option of the Township or myself, and I understand that no representative of the Township, other than the Board of Trustees, has authority to enter into any agreement contrary to the foregoing. I further understand that any agreement contrary to the foregoing must be in writing and signed by myself and The Washington Township Board of Trustees, to be effective.
- 4. I UNDERSTAND** that all Township property must be returned and any indebtedness to Washington Township must be paid on or before my last day of work. I authorize the Washington Township to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.
- 5. I UNDERSTAND** as a final step in the hiring process, an applicant may be subject to a pre employment health review which may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the success of the health review.
- 6. I UNDERSTAND** and consent to any and all drug or alcohol testing which I may be subjected to by Washington Township, whether it be random, mandatory incident specific or based on the employer's reasonable suspicion. I further understand that my participation in The Washington Township drug testing program is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.

7. **I UNDERSTAND** that this application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this time period, I understand that I must fill out a new application in order to be considered for future employment.

*Signature of Applicant*

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*Date:* \_\_\_\_\_