

GERMAN TOWNSHIP

Serving You and Your Local Community

www.GermanTownshipOH.com

3940 Lawrenceville Drive

Springfield, Ohio 45504

Phone: 937-964-1661 Fax: 937-964-1671

Email: Staff@GermanTownshipOH.com

Qualified applicants are considered without regard to race, color, gender, age, religion, creed, national origin, marital status, or any non-job related handicaps.

PLEASE PRINT

Position(s) Applying For _____ Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Address _____
Number Street City State Zip Code

Telephone # _____ SSN _____
Home Work Cell

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and job title _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time
 Part Time (Please indicate: Mornings Afternoons Evenings Weekends)
 Temporary (Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Do you currently possess a valid CDL? Yes No Can you travel if a job requires it? Yes No

Special Training or skills: _____

EDUCATION

SCHOOL	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School	_____	_____	_____	_____
Undergraduate College	_____	_____	_____	_____
Graduate/ Professional	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color; religion, gender; national origin, non-job-related disabilities or other protected status.

Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

Name of Supervisor: _____ Pay: Start _____ Last _____

Job Title: _____ Describe your work: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

Name of Supervisor: _____ Pay: Start _____ Last _____

Job Title: _____ Describe your work: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

Name of Supervisor: _____ Pay: Start _____ Last _____

Job Title: _____ Describe your work: _____

Reason for Leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Dates of Employment: _____

Name of Supervisor: _____ Pay: Start _____ Last _____

Job Title: _____ Describe your work: _____

Reason for Leaving: _____

ADDITIONAL INFORMATION

Other Qualifications (*Summarize special job-related skills and qualifications acquired from employment or other experiences.*)

PERSONAL/PROFESSIONAL REFERENCES Do **not** include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any law enforcement agency, educational institution, medical facility, and employer, as well as anyone listed here in as a supervisor or personal reference, to release my records or information concerning employment to any German Township representative.

I understand and acknowledge that the German Township (Employer) reserves the right to require the applicant to submit to any requested medical examination after a job offer has been made and prior to applicant’s first day of employment. Such examination will be performed by a licensed physician or medical practitioner of the Employer’s choosing. Furthermore, the applicant may be subjected to pre-employment testing relating to drug, alcohol or substance use or abuse. If such use or abuse is identified or there is other information found that would render the applicant physically incapable or performing the offered job, the application process will be terminated and the job offer withdrawn, and the applicant will NOT be hired.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant’s Signature

Date

PLEASE ALSO ATTACH RESUME IF AVAILABLE

FOR OFFICE USE ONLY

First Interview With: _____ Date: _____

Second Interview With: _____ Date: _____

Comments: _____

Position Hired for: _____ Start Date: _____ Starting Pay: _____/hr

Date of Trustee Approval: _____

Trustee Signature: _____

Date: _____