

By Initialing Below You Agree That The Following Statements Are True:

If you are under 18 years of age, you can provide required proof of your eligibility to work. _____

You have a valid drivers license. _____

You have transportation. _____

You are not lawfully prevented from working in the United States due to Visa or Immigration Status. _____

Previous History With Franklin Township:

Have you ever applied with Franklin Township before? If yes, when?

Have you ever worked for Franklin Township before? If yes, when and in what capacity?

Work Availability:

When would you be available to begin working? _____

Are you seeking: Full Time ____ Part Time ____ Seasonal ____

Are you currently on lay off status or subject to recall? _____



Education Continued:

Please list any courses, specialized training, apprenticeships or extra curricular activities:

Describe any job related training received in the United States Military:

State any information you may be helpful to us in considering your application:



Employment Experience:

Company Name Phone Number

Address City State Ohio

Job Title Supervisor

Reason For Leaving Start Date End Date

Starting Salary Ending Salary

Description of Work Performed

Description of Work Performed Continued



Company Name

Phone Number

Address

City

State

Ohio

Job Title

Supervisor

Reason For Leaving

Start Date

End Date

Starting Salary

Ending Salary

Description of Work Performed

Description of Work Performed Continued

Company Name

Phone Number

Address

City

State

Ohio

Job Title

Supervisor

Reason For Leaving

Start Date

End Date

Starting Salary

Ending Salary

Description of Work Performed

Description of Work Performed Continued



Company Name Phone Number

Address City State Ohio

Job Title Supervisor

Reason For Leaving Start Date End Date

Starting Salary Ending Salary

Description of Work Performed

Description of Work Performed Continued

Personal References:

Name Relationship

Address City State Zip

Phone Number

Name Relationship



Address City State Zip

Phone Number

Name Relationship

Address City State Zip

Phone Number

Name Relationship

Address City State Zip

Phone Number



An Equal Opportunity Employer:

EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT FORM

The APPLICANT understands and acknowledges that FRANKLIN TOWNSHIP BOARD OF TRUSTEES (Employer) reserves the right to require the applicant to submit to any requested medical and/or psychological examination(s) after a job offer has been made and prior to the applicant’s first day of employment. Where such examinations will be performed by a licensed physical or medical practitioner of the Employer’s choosing. Furthermore, the applicant may be subjected to pre-employment tests for illegal drug use, alcohol abuse, or substance abuse. If the applicant fails any of the required pre-employment tests relating to drug, alcohol or substance abuse, or is otherwise found to be physically incapable of performing the job for which he/she is applying, the application procedure will be terminated, and the applicant will NOT be employed.

In addition to drug testing prior to employment, the Employer reserves the right to perform, and the applicant waives any right to object to, mandatory urinalysis to detect alcohol abuse, illegal drug abuse or substance abuse, AFTER the applicant becomes employed by the Employer.

By typing his/her full name, the applicant consents to submit to the aforementioned tests and procedures if required, and agrees that he or she has no cause of action against the Employer arising from these issues. If the applicant refuses to consent to any of said tests and procedures, the Employer shall not accept or further process his or her application for employment.

Full Name Date



An Equal Opportunity Employer
CERTIFICATION AND RELEASE

By typing my full name, I certify that I have read and understand the applicant notes on this application form 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 facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the Township/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from liability for any damage whatsoever for issuing this information.

Full Name Date

EMERGENCY SERVICE APPLICANTS

By typing my full name, I understand and accept that the Employer provides seven days per week and twenty – four hours per day services, and therefore, if employed, I may be required to work evenings, nights or weekend shifts.

Full Name Date

