

Franklin Township Warren County, Ohio

Application For Employment
We consider applicants for all positions without regard to race, color, religion, gender, nationality, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT***PLEASE PRINT***PLEASE PRINT***PLEASE PRINT***PLEASE PRINT

Last Name		First Name	Mi	Middle Name	
Address		City	State	Zip Code	
Primary Phone Secondary Phone					
For					
Date Applied					
Are You Seeking:	Full Time	_ Part Time Seaso	nal As Needed	I	
How Did You Lea	rn About Us?	Township Websit	te	_ Facebook	
Twitter	_ Instagram	Walk In	Friend/Family	/ Member	
Other					



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By Initialing Bel	ow You Agree Th	at 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 dri	vers license		
You have transporta	ition		
You are not lawfully Status.	prevented from worki	ng in the United States	due to Visa or Immigration
Previous Histor	y With Franklin To	ownship:	
Have you ever appli	ed with Franklin Town	nship before? If yes, wh	nen?
Have you ever work	ed for Franklin Towns	ship before? If yes, whe	en and in what capacity?
Work Availabilit	y:		
When would you be	available to begin wo	orking?	
Are you seeking:	Full Time	Part Time	Seasonal
Are you currently on	lay off status or subje	ect to recall?	



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Ed	u	ca	ti	O	n	
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High School	Address	City	State
Did you graduate? Yes	No		
Technical School/Colleg	e		
Address	City	State	
Course of Study:		Did you graduate? Yes	No
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Technical School/Colleg	е		
Address	City	State	
Course of Study:		Did you graduate? Yes	No



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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:



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Employment Experience:			
Company Name		Phone Number	
Address	City	State	Ohio
ob Title		Supervisor	
Reason For Leaving	Start Da	ate	End Date
Starting Salary		Ending Salary	
Description of Work Performed			
Description of Work Performed Co	ontinued		



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Company Name		Phone Number		
Address	City	State	Ohio	
Job Title		Supervisor		
Reason For Leaving	Start Date	End Date		
Starting Salary	Ending Sala	ry		
Description of Work Performed	1			
Description of Work Performed	d Continued			
Company Name		Phone Number		
Address	City	State	Ohio	
Job Title		Supervisor		
Reason For Leaving	Start Date	End Date		
Starting Salary	Ending Sala	ry		
Description of Work Performed	d			
Description of Work Performed	d Continued			



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Company Name		Phone Number			
Address	City	State	Ohio		
Job Title		Supervisor			
Reason For Leaving	Start Date	End Date			
Starting Salary	Ending Sala	ry			
Description of Work Performe	ed				
Description of Work Performe	ed Continued				
Personal References:					
Name		Relationship			
Address	City	Stat	te Zip		
Phone Number					
Name		Relationship			



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Address	City	State	Zip
Phone Number			
Thoma Number			
Name	Relatio	onship	
Address	City	State	Zip
Phone Number			
Name	Relatio	onship	
Address	City	State	Zip
Phone Number			



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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



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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



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