



GREEN TOWNSHIP

Public Services & Parks Department Employment Application

Green Township is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, genetic information, or any other status protected by law.

Applicants must be at least 18 years of age unless otherwise permitted by law.

PERSONAL INFORMATION

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

POSITION INFORMATION

Position Applied For: _____

Full-Time Part-Time Seasonal

Date Available to Start: _____

Salary Expected (optional): _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Have you previously applied to Green Township? Yes No

If yes, when? _____

DRIVER INFORMATION

(Required for Public Services Positions)

Do you have a valid Ohio Driver's License? Yes No

License Number: _____

Do you have a CDL? Yes No

If yes, State Issued: _____

If selected as a final candidate, you may be required to authorize a BMV driving abstract review.

WORK AUTHORIZATION

Are you legally authorized to work in the United States? Yes No

If hired, proof of eligibility will be required.

MILITARY SERVICE (Optional)

Branch: _____

Rank: _____

Dates of Service: _____

EMPLOYMENT HISTORY

(List last three employers, most recent first.)

Employer #1

Company: _____

Address: _____

Job Title: _____

Supervisor: _____

Dates Employed: From _____ To _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer #2

Company: _____

Address: _____

Job Title: _____

Supervisor: _____

Dates Employed: From _____ To _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Employer #3

Company: _____

Address: _____

Job Title: _____

Supervisor: _____

Dates Employed: From _____ To _____

Duties: _____

Reason for Leaving: _____

May we contact this employer? Yes No

EDUCATION

High School

School Name: _____
Location: _____ Years
Completed: _____ Subjects Studied: _____ Degree/Diploma Earned:

College / Technical / Trade School

School Name: _____
Location: _____ Years
Completed: _____ Major / Subjects Studied: _____ Degree/Certification Earned:

SKILLS / SPECIAL COURSES

List any special skills, certifications, licenses (CDL, pesticide license, equipment operation, etc.), or job-related training:

REFERENCES

Reference #1

Name: _____
Address: _____
Phone: _____ Years Acquainted: _____

Reference #2

Name: _____
Address: _____
Phone: _____ Years Acquainted: _____

Reference #3

Name: _____
Address: _____
Phone: _____ Years Acquainted: _____

FURTHER REMARKS

Please provide any additional information you would like us to consider:

CERTIFICATION & RELEASE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration or termination of employment if discovered later.

I understand that employment with Green Township is at-will and may be terminated at any time, with or without cause, in accordance with Ohio law.

If selected as a final candidate, I authorize Green Township to verify employment history, references, and driving records as applicable to the position.

Applicant Signature: _____ Date: _____

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

- | | |
|----------------------------------|--------------------------------|
| Administration | Ohio Homeland Security* |
| Ohio Bureau of Motor Vehicles | Ohio Investigative Unit |
| Ohio Emergency Management Agency | Ohio Criminal Justice Services |
| Ohio Emergency Medical Services | Ohio State Highway Patrol |

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



GOVERNMENT BUSINESS AND FUNDING CONTRACTS
 In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME			MI
HOME ADDRESS					
CITY		STATE	ZIP	COUNTY	
HOME PHONE			WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

LAST NAME		FIRST NAME			MI
BUSINESS/ORGANIZATION NAME				PHONE	
BUSINESS ADDRESS					
CITY		STATE	ZIP	COUNTY	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

APPLICANT SIGNATURE

DATE

EEO Self-Identification Form

The Equal Employment Opportunity Commission (EEOC) requires public organizations to complete an EEO report every other odd year. The Department of Administrative Services – EEO Division completes reporting for State of Ohio employees. To support this process, we need all employees to complete a self-identification sheet below so that we can properly maintain our records to the report requirements.

Again, this form will be used for EEO reporting purposes only and used by the Office of Human Resources for reporting purposes. *Please return this form to the Office of Human Resources.*

Name: _____ **Job Title:** _____

GENDER: Male _____ Female _____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

_____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

_____ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ **Native American or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Date Completed: _____

Thank you for your participation.

Human Resources Use Only: EEO Job Category Number*: _____

(*Complete by COA HR/Payroll Staff – See EEO Categories and Exemption Document)