

# APPLICATION FOR EMPLOYMENT

Date Rec'd \_\_\_\_\_

## Austintown Township An Equal Opportunity Employer

DEPARTMENT \_\_\_\_\_

Applicants for employment with AUSTINTOWN TOWNSHIP are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are considered without regard to race, color, religion, creed, gender, age, national origin, political affiliation, disability, ancestry marital or veteran status, or any other legally protected status..

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

<b>NAME: LAST, FIRST, MIDDLE</b>	<b>APPLICATION DATE</b>
	<b>TELEPHONE</b>
<b>ADDRESS: CITY, STATE ZIP CODE</b>	
	<b>EMAIL</b>

Position(s) Desired: \_\_\_\_\_

Date available to start? \_\_\_\_\_

Have you previously applied for a job with the Township? Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_

Have you ever been employed by the Township? Yes \_\_\_\_ No \_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you related to anyone employed by the Township Yes \_\_\_\_ No \_\_\_\_

State name and relationship \_\_\_\_\_

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

Do you presently have/or are you willing to obtain a valid Ohio Commercial Driver's License? Yes \_\_\_\_ No \_\_\_\_

Has your driver's license been suspended or revoked within the last 3 years? Yes \_\_\_\_ No \_\_\_\_

(This information will be considered only if such licensure is required to perform the duties of the position for which you are applying).

Do you have any time commitments to another employer, individual or school which might interfere with your ability to perform the job applied for? Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain \_\_\_\_\_

Have you ever been employed by another Public Employer in the State of Ohio (e.g. State of Ohio, County Government or Township Government)? Yes \_\_\_\_ No \_\_\_\_

If Yes, provide place and dates of service \_\_\_\_\_

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation? (please refer to job description) Yes \_\_\_\_ No \_\_\_\_

If No, please explain \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain \_\_\_\_\_

Are you legally eligible to work in the United States? Yes \_\_\_\_ No \_\_\_\_

Are you a veteran? Yes \_\_\_\_ No \_\_\_\_ If yes, which branch? \_\_\_\_\_

## EMPLOYMENT DATA

List all previous employment for the last ten years in chronological order – last position first – including U.S. Military. Attach additional pages if needed or resume if desired.

<b>Current Employer</b>		<b>Telephone</b>
<b>Address</b>		<b>Final Salary</b>
<b>Dates Employed</b>	<b>Position(s) Held</b>	<b>Supervisor</b>
<b>Reason for Leaving</b>		<b>May we contact for reference?</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Duties and Responsibilities</b>	<b>List Equipment, Machinery, and/or Software Used</b>	

<b>Employer</b>		<b>Telephone</b>
<b>Address</b>		<b>Final Salary</b>
<b>Dates Employed</b>	<b>Position(s) Held</b>	<b>Supervisor</b>
<b>Reason for Leaving</b>		<b>May we contact for reference?</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Duties and Responsibilities</b>	<b>List Equipment, Machinery, and/or Software Used</b>	

<b>Employer</b>		<b>Telephone</b>
<b>Address</b>		<b>Final Salary</b>
<b>Dates Employed</b>	<b>Position(s) Held</b>	<b>Supervisor</b>
<b>Reason for Leaving</b>		<b>May we contact for reference?</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Duties and Responsibilities</b>	<b>List Equipment, Machinery, and/or Software Used</b>	

## EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION: CITY, STATE, ZIP	MAJOR: SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOL ATTENDED				
CORRESPONDENCE COURSES				

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

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List professional or trade organization memberships and offices held, excluding those which would indicate race, color, religion, gender, age, national origin, citizenship, political affiliation, disability, ancestry, or any other protected status:

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List any skills you have which are relevant to the position for which you are applying (i.e., software programs, training, machinery, etc.)

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List any special licenses or certificates you have that are relevant to the position for which you are applying.

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## PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

Please provide the names and telephone numbers of three professional references who are not related to you and are not previous supervisors. If professional references are not available, provide school or personal references who are not related to you.

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1		
2		
3		

**Before submitting this application, please read the following statement carefully.**

### **Applicant Statement and Signature**

I certify that all information I have provided in order to apply for and obtain employment with Austintown Township is true, complete, and correct. I agree and understand that omissions, misstatements, or falsifications will cause forfeiture on my part of all eligibility to any employment with Austintown Township and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from Township service, whenever it is discovered. I give Austintown Township the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Austintown Township in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Austintown Township, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Austintown Township, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, driving record, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. Past convictions will not automatically disqualify a candidate for possible employment with the Township. Each situation will be considered on a case-by-case basis. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Austintown Township at any time. I understand that no representative of Austintown Township is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority. Applications for Austintown Township positions are considered public records under Ohio's Public Records Act. As a public record, applications maintained by the Township are made available to any person requesting to review them.

**DO NOT SIGN UNTIL YOU READ THE APPLICANT STATEMENT ABOVE.**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
**Applicant's Signature**

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

<b>FOR INTERNAL USE ONLY</b>	
ARRANGE INTERVIEW	YES _____ NO _____
REMARKS:	
INTERVIEWER _____	DATE _____
EMPLOYED	YES _____ NO _____
STARTING DATE _____	
JOB TITLE _____	

**AUSTINTOWN TOWNSHIP**  
***Equal Employment Opportunity Form***

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, national origin, disability, age or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the Austintown Township Board of Trustees to record and report the information listed below. Please help us comply by providing the answers to the following questions.

This Equal Employment Opportunity Form will be kept in a **CONFIDENTIAL FILE** separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: \_\_\_\_\_

RACE/ETHNIC GROUP:

- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ Black
- ☐ White
- ☐ Other
- ☐ Decline to Self-Identify

SEX

- ☐ Female
- ☐ Male
- ☐ Decline to Self-Identify

VIETNAM ERA VETERAN:

- ☐ Yes
- ☐ No
- ☐ Decline to Self-Identify

DISABLED VETERAN:

- ☐ Yes
- ☐ No
- ☐ Decline to Self-Identify

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

- ☐ Yes
- ☐ No

Referred by:

- ☐ Job Posting    ☐ Newspaper    ☐ Friend    ☐ Other

**THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.**