

MIAMI TOWNSHIP

Montgomery County, Ohio

2700 Lyons Rd, Miami Township, OH 45342

937.433.9969



Military Experience: Yes No If Yes, please attach copy of DD214

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For: _____

Date of Application: _____

How did you learn about this Position(s)?

Newspaper Website Current Employee Other, Please specify: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last Name: _____ First Name: _____ Middle Name: _____

Address: (Number) (Street) (City) (State) (Zip Code)

Telephone Number(s) _____

Social Security Number _____

Email Address: _____

Best time to contact you at home is: _____:____AM/PM

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

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

If Yes, give date: _____

Have you ever been employed with us before? Yes No

If Yes, give date: _____

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

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? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date available for work: _____

Are you available to work: Full Time
 Part Time (Please indicate Mornings Afternoons)
 Temporary (Please indicate dates available _____)

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

Can you travel if a job requires it? Yes No

For positions that require the operation of a motor vehicle, are you able to provide evidence of authorization to operate a motor vehicle in the United States? Yes No

ADDITIONAL INSTRUCTIONS

This application is intended for the use by Miami Township to select the most qualified and best candidate for the position. Complete all information requested on this form. All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures.

The answers to questions contained in this application must be completed by your own hand. If hand printed, print legibly in black or blue ink only. Each question must be answered, there can be no blanks. **If a question does not apply to your particular circumstance, insert, "DNA" in that blank.** When answering questions requiring dates, insert the full date, partial month-year responses are unacceptable. Partial address responses are unacceptable.

A resume is not accepted in lieu of a completed application. The information contained within the application is the information that is considered. Supporting certifications, where applicable, are acceptable as enclosures.

An application that is incomplete and/or not submitted for consideration per directions will not be considered complete and is automatically disqualified.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion or for practicing any fraud or deception in obtaining or attempting to obtain Municipal Employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Chapter 2921.

MORE SPACE NEEDED

If you should require more paper to complete a section, use a separate sheet of paper if more room is needed. **Do not write on the back of any page.**

EDUCATION/TRAINING

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

Describe any specialized training, skills and extra-curricular activities:

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

EMPLOYMENT HISTORY

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

Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

SKILLS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS:

Include equipment-operated skills, i.e., computer, motorized equipment.

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

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTIONS UNLESS YOU HAVE THOROUGHLY REVIEWED AND UNDERSTAND THE JOB REQUIREMENTS, DETAILED IN THE ATTACHED JOB DESCRIPTION, FOR THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No
A review of the activities involved in such a job or occupation has been given? Yes No

REFERENCES:

1. _____
(Name) (Telephone Number)

(Address)
2. _____
(Name) (Telephone Number)

(Address)
3. _____
(Name) (Telephone Number)

(Address)

READ CAREFULLY BEFORE SIGNING

I certify that the information provided in and with this Employment Application is true, correct and complete. I agree that, if I am hired, Miami Township may terminate my employment for any false or misleading statements or omissions in this application regardless of when they may be discovered. I understand that an investigative consumer report may be made concerning my character, general reputation, personal characteristics and code of living. Upon written request within a reasonable period of time, I may obtain from Miami Township a written disclosure of the nature and scope of any investigation requested.

I agree that, if hired, my employment is for no definite period of time. My employment may be terminated any time for any reason by either Miami Township or me. I agree that Miami Township can change this in writing and that any verbal statement to the contrary is not binding.

If any section(s) of this Application for Employment are held to be invalid, the remaining sections shall not be affected and shall remain in effect.

Signature: _____ Date: _____

READ CAREFULLY BEFORE SIGNING

This Application for Employment will be considered active for the period in which the position being applied for is open and active. If hired, the Application for Employment and all addendums and additions become a part of official employment records.

By signing below, I am acknowledging that I have read and that I understand all that is contained within the Application for Employment.

Signature: _____ Date: _____

Miami Township considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or selection process need to notify a representative of the Administration Department in a timely fashion.

READ CAREFULLY BEFORE SIGNING

Permission for the Release of Information Waiver

I hereby give my permission for authorized agents of the Miami Township to conduct an investigation of my background, including education, employment, credit, reputation, military records, social networks, and any other factors which such agents may deem proper and necessary in connection with my application.

I authorize Miami Township to conduct pre-employment investigation activities and assessments; not limited to public records requests, a credit check, pre and post-hire drug and alcohol testing, and pre-employment assessments. I also specifically waive any right I may have to written notice from any former employer, references, or schools prior to the release of my employment information to Miami Township.

I give my permission for any person, business or institution contacted in the course of such investigation to release any and all information properly requested, and Photostats of same if requested, and do hereby release such person, business or institution from all liability for providing correct information.

My signature below indicates that I have read, that I understand, that I agree with the above information, and that my agreement is legal and binding.

Signature: _____ Date: _____

Intentionally blank for the rest of the page.

READ CAREFULLY BEFORE SIGNING

I agree that, if hired, my employment, except where covered by a collective bargaining agreement, is for no definite period of time, my employment may be terminated any time for any reason by either Miami Township or me. I agree that Miami Township can change this in writing and that any verbal statement to the contrary is not binding.

If any section(s) of this Application for Employment are held to be invalid, the remaining sections shall not be affected and shall remain in effect.

My signature below indicates that I have read, that I understand, that I agree with the above information, and that my agreement is legal and binding.

Signature: _____ Date: _____

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FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: Yes No

Position(s) Considered For: _____

Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer _____ Date _____

Employed: Yes No

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

By: _____
Name and Title _____ Date _____