

PIERCE TOWNSHIP

950 Locust Corner Rd.

Cincinnati, Ohio 45245

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY

Thank you for your interest in employment with Pierce Township. Please print clearly using black or blue ink. All questions must be answered completely and accurately. If more space is needed, please attach additional sheets of paper. If you have a resume or list of references, please attach to this application. A resume may not be substituted for a completed application

NAME: _____ DATE: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

PREVIOUS ADDRESS: _____
NUMBER STREET CITY STATE ZIP

FROM: _____ TO: _____
DATE DATE

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

POSITION APPLIED FOR: _____

Are you at least 18 years of age?

YES NO

Have you ever been convicted of/pled no contest to a felony?

YES NO

If yes, please describe in detail

(Type of offenses, dates, locations, etc): _____

Do you have a Valid Driver's License?

YES NO

If yes, provide the following information: _____

	NUMBER	TYPE	STATE	EXPIRATION DATE
REFERENCES:	NAME	EMPLOYER/OCCUPATION	PHONE/EMAIL	YEARS KNOWN

1. _____

2. _____

3. _____

EDUCATION:

High School: Did you graduate? YES NO If "No", last year completed: _____
If "No", do you have a GED?
YES NO

NAME ADDRESS COURSEWORK DATES ATTENDED

College (Undergraduate): Did you graduate? YES NO If "No", last year completed: _____

NAME ADDRESS COURSEWORK-DEGREE DATES ATTENDED

University (Graduate): Did you graduate? YES NO If "No", last year completed: _____

NAME ADDRESS COURSEWORK-DEGREE DATES ATTENDED

Technical/Other: Did you graduate? YES NO If "No", last year completed: _____

NAME ADDRESS COURSEWORK-DEGREE DATES ATTENDED

MILITARY SERVICE (Active Service Only): _____

BRANCH DATE ENTERED RANK

ANTICIPATED DATE OF SEPARATION

EMPLOYMENT HISTORY: Please list all employers in the past 10 years beginning with your most recent

EMPLOYER NAME: _____ JOB TITLE: _____
EMPLOYER ADDRESS: _____
EMPLOYER PHONE NUMBER: _____ FAX: _____
DATES OF EMPLOYMENT: From: _____ To: _____ RATE OF PAY: Start: _____ Finish: _____
SUPERVISOR'S NAME&TITLE: _____ DEPARTMENT: _____
DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____
MAY WE CONTACT? (circle) YES NO

EMPLOYMENT HISTORY CONTINUED:

EMPLOYER NAME: _____ JOB TITLE: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ FAX: _____

DATES OF EMPLOYMENT: From: _____ To: _____ RATE OF PAY: Start: _____ Finish: _____

SUPERVISOR'S NAME&TITLE: _____ DEPARTMENT: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT? (circle) YES NO

EMPLOYER NAME: _____ JOB TITLE: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____ FAX: _____

DATES OF EMPLOYMENT: From: _____ To: _____ RATE OF PAY: Start: _____ Finish: _____

SUPERVISOR'S NAME&TITLE: _____ DEPARTMENT: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

MAY WE CONTACT? (circle) YES NO

OTHER SKILLS: Please identify any skills, knowledge, education, certifications, awards or specialized trades that have not yet been identified in this application but are pertinent to the position you are applying for:

GENERAL QUESTIONS:

1. Have you been previously employed by Pierce Township? YES NO If yes, when?

Dates: From: _____ To: _____ Title: _____

2. Are you on layoff subject to recall from another employer? YES NO

3. Are you related to any current Pierce Township Employees? YES NO If yes, please describe:

Name: _____ Relationship: _____

4. Are you under any court order to pay child support? YES NO If yes, please describe:

State: _____ County: _____ Order No.: _____

5. Are you prevented from lawful employment because of immigration or visa status? YES NO
(Proof of citizenship or immigration is required by federal law upon employment)

6. Have you read the job description for the position applied? YES NO

7. Are you capable of performing the essential job functions? YES NO If no, please describe:

Pierce Township does not lawfully discriminate in employment and no question on this application is used for the purposes of limiting or excusing any applicant from employment consideration on a basis prohibited by applicable local, state or federal law

I, the undersigned applicant, understand that any false statement made on this application, a resume or any other employment document may cause rejection of an application, removal from employment consideration or may serve as grounds for discharge after appointment.

_____Applicants Initials

I agree to take any lawful medical examination, drug/alcohol screen, honesty detection/polygraph examination or written examination required by Pierce Township upon receiving a conditional offer of employment . Further, I agree to release any and all medical information that may be developed during any pre-employment physical examination to those who have the need to evaluate such information. I authorize investigation of my credit, driving record and a comprehensive criminal and employment history review. I also understand that some, if not all the content of the subject exams, screenings, tests, records reviews and background investigations may become public record. I release all persons, companies and Township officials conducting any lawful investigation from any liability.

_____Applicants Initials

I understand that neither this employment application nor an offer of employment constitutes an employment contract, unless a specific written document to that effect is executed by the Pierce Township Board of Trustees.

_____Applicants Initials

I, the undersigned applicant, do solemnly swear and declare that I am the person mentioned herein, and that all answers or statements made are true to the best of my knowledge.

Signature: _____ Date: _____

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