

Thompson Township, P O Box 204, Thompson, OH 44086

**APPLICATION FOR EMPLOYMENT**

**Please Print Clearly**

Posted Job Opportunity for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
last first middle

Address \_\_\_\_\_  
street city state zip

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Date you can start work \_\_\_\_\_

Do you hold a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No CDL? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to meet the attendance requirements of this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to work overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential duties, responsibilities, and functions of the job for which you have applied? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	School Address And Phone No.	Course of Study	Years Completed	Degree/Diploma Obtained
Name of High School				
Name of Undergraduate College or Trade School				
Name of Graduate or Professional School				
Other (specify)				

**SKILLS AND QUALIFICATIONS**

Describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** – List your most recent job first. Attach additional page to list, if necessary

Start:	Employer:	Type of Business:	Final Rate
Left:	Address:	Position/Duties:	of Pay
	Supervisor:		
	Phone:	Reason for Leaving:	
Start:	Employer:	Type of Business:	Final Rate
Left:	Address:	Position/Duties:	of Pay
	Supervisor:		
	Phone:	Reason for Leaving:	
Start:	Employer:	Type of Business:	Final Rate
Left:	Address:	Position/Duties:	of Pay
	Supervisor:		
	Phone:	Reason for Leaving:	

Please explain any gaps in employment: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:** Do NOT include former employers or relatives.

Name	Address and Telephone	Occupation	Years Known
1.			
2.			
3.			

Please list any additional information which may be helpful to us when considering your qualifications for the position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Certification and Agreement** (Signature Required for Application to be Complete):

I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Thompson 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 expressly authorize Thompson Township, its representative, member or agents the right to investigate and verify any information obtained through the application process. I authorize all individuals, schools, and firms named therein to provide any information requested about me, and I release them from all liability for damage in providing relevant, job related information that will assist in this process.

I recognize that an offer of employment may be contingent upon successful completion of a pre-employment drug screen, alcohol screen, background investigation, valid and acceptable driving record. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Thompson Township at any time. I understand that no representative of Thompson 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 Appointing Authority.

I understand that a new application must be completed for any future job postings or employment opportunities.

I understand that all information I have provided in order to apply for and obtain employment with Thompson Township is true, complete, and correct.

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Applicant Signature (Required)

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Date Signed