



Seneca County

## APPLICATION FOR EMPLOYMENT WITH HOPEWELL TOWNSHIP

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
(PRINT LEGIBLY)

DATE OF APPLICATION: \_\_\_\_\_

### Position(s) applying for:

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What is your minimum salary requirements? \_\_\_\_\_

What is the earliest date you will be able to accept employment? \_\_\_\_\_

Do you meet the minimum qualifications, and can you perform the job duties related to the specific job for which you are applying?  Yes  No

Do you have any commitments to anyone, which might affect immediate employment with this organization?  Yes  No

If yes, explain:

1. Are you under 18 years of age?  Yes  No
2. Have you ever filed an application for employment with Seneca County?  Yes  No
3. Have you ever been employed by the State of Ohio or any of its political subdivisions such as Cities, Villages, Townships, Fire Districts, etc.?  Yes  No
4. Have you ever been employed by this organization?  Yes  No
5. Do you have a relative who is presently employed by Seneca County?  Yes  No

If you answered yes to questions 3,4, or 5, please explain?

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High School Attended: \_\_\_\_\_

Did you graduate?  Yes  No      High school equivalent?  Yes  No

College or trade school attended \_\_\_\_\_

Did you graduate?  Yes  No      Degree: \_\_\_\_\_

Graduate school attended: \_\_\_\_\_

Did you graduate?  Yes  No      Degree: \_\_\_\_\_

Please use the following space to provide any further information on trainings, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience that may be helpful in the evaluation of your application.

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### EMPLOYMENT HISTORY

Please describe your employment history (including military service). Begin with your most current or present employer.

#### **Present or most recent job:**

1. Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities and equipment used: \_\_\_\_\_

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Describe your reason for leaving: \_\_\_\_\_

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**2. Employer's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Dates Employed:** Start: \_\_\_\_\_ End: \_\_\_\_\_ **Salary/Rate of Pay:** \_\_\_\_\_

**Job Title or Position:** \_\_\_\_\_

**Describe your duties and responsibilities and equipment used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Employer's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Dates Employed:** Start: \_\_\_\_\_ End: \_\_\_\_\_ **Salary/Rate of Pay:** \_\_\_\_\_

**Job Title or Position:** \_\_\_\_\_

**Describe your duties and responsibilities and equipment used:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your reason for leaving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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4. Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates Employed: Start: \_\_\_\_\_ End: \_\_\_\_\_ Salary/Rate of Pay: \_\_\_\_\_

Job Title or Position: \_\_\_\_\_

Describe your duties and responsibilities and equipment used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

### REFERENCES AND RELEASE OF INFORMATION

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a professional reference.

1. Name \_\_\_\_\_ Address: \_\_\_\_\_

City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name \_\_\_\_\_ Address: \_\_\_\_\_

City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name \_\_\_\_\_ Address: \_\_\_\_\_

City/State \_\_\_\_\_ Telephone: \_\_\_\_\_

### EMPLOYERS AUTHORIZED TO RELEASE INFORMATION:

I do hereby give permission to the Hopewell Township Trustees and Appointing Authority to seek information concerning any employment experience. I acknowledge I have been employed by the employers listed on my job application and give permission to release any job-related information to determine whether I am suited for employment.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT WITH HOPEWELL TOWNSHIP

### APPLICANT BACKGROUND INVESTIGATION

Certain positions with Hopewell Township require that an individual's past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions with Hopewell Township, individuals selected for hire will undergo a background check with the local law enforcement agency. Failure to complete this waiver will result in disqualification for employment with Hopewell Township.

I authorize release of any police record information in my name, to the Hopewell Township Trustees and Appointing Authority.

**Name:** \_\_\_\_\_  
(Please print) *Last* *Middle* *First*

**List any other NAMES you have used during the previous five (5) years:**

*Please Print*

**List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:**

*Please print*

**Signature:** \_\_\_\_\_

### ***REPORT***

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## APPLICATION FOR EMPLOYMENT WITH HOPEWELL TOWNSHIP

### REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.

I further understand and agree, as a requirement for driving a township-owned vehicle during employment, I will maintain a valid State of Ohio Driver's License. I also understand that a Motor Vehicle Report will be obtained by the Seneca County Commissioner's Office to confirm a valid Ohio Driver's License. Hopewell Township may request one of more motor vehicle reports or continuously monitor your driving record for employment purposes.

REQUESTED BY: Hopewell Township Trustees and Appointing Authority

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Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State License Issued In: \_\_\_\_\_

### AUTHORIZATION

By signing below,

- I authorize HOPEWELL TOWNSHIP to obtain motor vehicle reports and/or driving records about me for employment purposes; and
- If I am hired or have already been hired, from time to time while I am employed by HOPEWELL TOWNSHIP without further authorization from me, I authorize HOPEWELL TOWNSHIP to obtain additional motor vehicle reports, driving records, and/or monitor my driving record for employment purposes; and
- I further authorize HOPEWELL TOWNSHIP to share the motor vehicle reports, driving records, and/or information related with any person involved in the employment decision about me.
- I understand that this authorization will only remain valid through my active employment with HOPEWELL TOWNSHIP and that the Township's authority to use/rely on this authorization will cease when my employment ends.

Signature of Applicant: \_\_\_\_\_

*I GRANT PERMISSION TO HOPEWELL TOWNSHIP TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.*



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## APPLICATION FOR EMPLOYMENT WITH HOPEWELL TOWNSHIP

**Hopewell Township** is an equal opportunity employer and selects the best matched individual for any job based upon job related qualifications, regardless of race, color, creed, sex, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity Laws.

**PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH.**

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential function of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: \_\_\_\_\_

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

5. I hereby authorize the employers, school and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.