

# EMPLOYMENT APPLICATION

## SPRINGFIELD TOWNSHIP

LUCAS COUNTY  
7617 Angola Road \* Holland, Ohio 43528-8602  
419-865-0239 PH \* 419-868-1413 FAX

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administration Office. 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(s) applying for \_\_\_\_\_ Today's Date \_\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_  
Name of source (if applicable) \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First M.I.

**ADDRESS** \_\_\_\_\_  
Street City State Zip

**PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_ **SSN** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

If under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_\_

Have you ever been employed here before? \_\_\_ NO \_\_\_ YES if yes, starting \_\_\_/\_\_\_/\_\_\_ & ending \_\_\_/\_\_\_/\_\_\_.

Date available to work \_\_\_/\_\_\_/\_\_\_

Employment desired: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Educational Co-Op

Are you able to meet the attendance requirements of the position? \_\_\_ YES \_\_\_ NO

Will you work overtime if required? \_\_\_ YES \_\_\_ NO

If no, please explain \_\_\_\_\_

Have you ever been bonded? \_\_\_ YES \_\_\_ NO

If yes, please explain \_\_\_\_\_

List any current or retired Springfield Township employees that you know.

## EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments, or volunteer activities starting with the most recent. Use additional paper if necessary.

*Explain any gaps in employment in Comments section below.*

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?    YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
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		FINAL		
MAY WE CONTACT FOR REFERENCE?    YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		\$	PER	

**Comments** (include explanation of any gaps in employment) \_\_\_\_\_



**SKILLS AND QUALIFICATIONS** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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**EDUCATIONAL BACKGROUND** (If job related) List last three (3) schools attended, starting with the most recent.

SCHOOL ATTENDED	YRS. COMPLETED	DEGREE OR DIPLOMA	GPA OR CLASS RANK	MAJOR	MINOR

**REFERENCES** List three business/work references that were not your supervisor and that is not a relative.

NAME	TELEPHONE	YRS. KNOWN

**ADDITIONAL INFORMATION** List professional, trade, business, or civic associations and any offices held. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL, SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE/POSITION HELD

**SPECIAL ACCOMPLISHMENTS, awards, publications, etc.** EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL, SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

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List any additional information you would like us to consider

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**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING AND DATING THIS APPLICATION.**

1. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false or misleading information or material omissions on this application shall be grounds for immediate termination of employment.
2. **I AUTHORIZE:** (1) The Springfield Township Board of Trustees to investigate information concerning my previous employment, experience and education; (2) those persons and companies referenced above to freely provide information to Springfield Township, for which I hereby release each of these persons and companies which provide or receive information about me from any and all liability for any damage that may result from furnishing such information; (3) those persons and companies referenced above to accept a photocopy or facsimile copy of this page as my consent and release of liability for providing all requested information to Springfield Township; and (4) Springfield Township, to request and receive a copy of my (i) credit report, (ii) criminal records, and (iii) driving records.
3. **I UNDERSTAND** and agree that my employment and compensation is at the will of Springfield Township, and myself and thus it may be terminated at any time with or without prior notice, with or without cause, at the option of the Township or myself, and I understand that no representative of the Township, other than the Board of Trustees, has authority to enter into any agreement contrary to the foregoing. I further understand that any agreement contrary to the foregoing must be in writing and signed by myself and The Springfield Township Board of Trustees, to be effective.
4. **I UNDERSTAND** that all Township property must be returned and any indebtedness to Springfield Township must be paid on or before my last day of work. I authorize the Springfield Township to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.
5. **I UNDERSTAND** as a final step in the hiring process, an applicant may be subject to a pre-employment health review which may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the success of the health review.
6. **I UNDERSTAND** and consent to any and all drug or alcohol testing which I may be subjected to by Springfield Township, whether it be random, mandatory incident specific or based on the employers reasonable suspicion. I further understand that my participation in The Springfield Township drug testing program is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.
7. **I UNDERSTAND** that this application for employment shall be considered active for a period of time not to exceed 60 days. If I wish to be considered for employment beyond this time period, I understand that I must fill out a new application in order to be considered for future employment.

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*Signature of Applicant*

*Date*