

3271 Cheshire Road Delaware, OH 43015 Phone: (740) 548-6350 Fax: (740) 548-7458 www.berlintwp.us

## **APPLICATION FOR EMPLOYMENT**

	marital status, non-disqualifying disability,	iring or employment on the basis of race, color, ancestry, religion, sex, national origin, age, veteran status, genetic information, or on any other basis protected by law. No question on this form is intended to secure tion. Please contact the Fiscal Office if you require an accommodation to complete the application Only complete applications will be considered.							
GENERAL	Date of Application:								
	Date you are available to work: Name:								
	Address (Include City, State, Zip):								
	Daytime Telephone No. ( ) Evening Telephone No. ( )								
	Mobile Telephone No. ( )								
	Email address								
	All other names by which you were known in any prior employer's records:								
	Name of position for which you are applying	Have you previously applied for employment with Berlin Township? Yes No							
		If yes, when? Location(s)?							
	Applying for position as: Full Time	Have you ever worked for the Township? Yes No							
0	Part Time	If yes, when? Department(s)?							
	Seasonal If applying for seasonal work, are you available to work	Do you have any relatives or friends working for the Township or serving the Township as an elected official? Yes No							
	during the school term?	If yes, name:							
	Yes No	Are you legally eligible for employment in this country? Yes No							
	Please circle the day(s) you would prefer to work. S M T W T F S	(Proof of U.S. Citizenship or immigration status will be required upon employment)							
	Please circle the shift that you are applying for Day Evening Night	If required for the job for which you're applying, have you ever been denied Bonding or the issuance of insurance to cover fraud or dishonesty? Yes No							
	Are you at least 18 years of age? Yes No								

Professional Licens	<u>م</u>			
Number		State	Туре	Exp. Date
Professional Certifi	cations:	State	Туре	Exp. Date
Number		State	Туре	Exp. Date
Number		State	Туре	Exp. Date
Do you have a valid D		es∎ No		
If yes:	(license #):	(State):	(Type):	(Exp Date):
	accidents during the past three			
Explain any "yes" a	Inswers.			
Have you ever beel	n convicted of a theft?	∎ Yes ∎	No	
Explain any "yes" a	inswers:			

		High S	School	Colle	ge		Other
EDUCATION	Name						
	Location						
	Number of years completed						
E	Course of Study						
	Did you graduate? Yes / No						
	Provide your employers for the last 10 years. If a resume is provided, this information must still be completed. If relevant work history is further back, use the reverse side of this application. You may also provide information about volunteer work, if you wish, but please omit any information that would disclose your race, gender, age, marital status, ancestry, national origin, genetic information, religious or political affiliation, disability, or membership in any legally protected class.   From To Employer						
	May we contact for i	eference?	Complete Address				
	Yes No						
HISTORY	Starting Rate/Salary	Starting	Job Title		Ending Rate/Salary	Fi	nal Job Title
EMPLOYMENT HIST	Immediate Supervise	r	Summarize the nature of work a	and jot	o responsibilities		
	Reason for leaving						
	From To		Employer				Telephone #
	May we contact for I		Complete Address				
ш	Yes No		- 1-6 7.41-		Fading Data (C. )		nal Jak Titla
	Starting Rate/Salary	Startin	g Job Title		Ending Rate/Salary	FI	nal Job Title
	Immediate Supervisor		Summarize the nature of work and job responsibilities				
	Reason for leaving						

Fr M re Ye	rom	То	Employer		Telephone #		
	May we contact eference? es No	for	Complete Address				
Im Rea	arting Rate/Sala	ary Startin	g Job Title	Ending Rate/Salary	Final Job Title		
Im	Immediate Supervisor Summarize the nature of work a			responsibilities			
Re	ason for leavin	g					
Fr	rom	То	Employer		Telephone #		
re	May we contact eference? es No	for	Complete Address	Complete Address			
Sta	Starting Rate/Salary Starting		g Job Title	Ending Rate/Salary	Final Job Title		
Im	nmediate Super	visor	Summarize the nature of work and job responsibilities				
Re	Reason for leaving						
Fr	rom	То	Employer		Telephone #		
re	May we contact eference? es No	for	Complete Address				
St	tarting Rate/Sal	lary Startin	g Job Title	Ending Rate/Salary	Final Job Title		
Im	nmediate Super	visor	Summarize the nature of work and job	responsibilities			
Re	eason for leavir	ng					
Fr	rom	То	Employer		Telephone #		
Ma Yes	ay we contact f	or reference?	Complete Address				
	tarting Rate/Sa		g Job Title	Ending Rate/Salary	Final Job Title		
	nmediate Supe		Summarize the nature of work and job	responsibilities			
R	eason for leavii	ng					

List all special licenses, permits, certifications and level or credit hours, if required by the job you're seeking. (CPR, lifeguard, First Aid, etc.- proof of these accomplishments will be required, if hired).

ТҮРЕ		LEVEL	EXPIRATION DATE
List equipment, machinery, sof applying. Include your skill leve	tware or special skills related to your a el and/or years of experience.	ability to perform the functions of the	position for which you are
considered in evaluating you experience, and other activit	porate on any background, experien r qualifications for employment and ies you believe are relevant. Omit a ional origin, genetic information, re	l/or for this particular job. You may any information that would disclose	include hobbies, volunteer your race, gender, age,
List 3 references that are not pa	st employers (Examples: teachers/pro	fessors, customers/clients, coaches, e	tc.)
	1	2	3
Name			
Address			
Phone			
Position/Occupation			

SKTI I S SIIDDI EMENTAL DEEEDENCES

## STATEMENT AND VERIFICATION OF APPLICANT

I certify that all information I have provided during the application process with Berlin Township is true, complete, up to date, and correct. I fully understand that if any information provided by me is found to be false, incomplete, or misrepresented in any respect, such finding is sufficient to disqualify me from further employment consideration or, if I have already been hired, to immediately terminate my employment with Berlin Township.

I understand that no question on this application, nor anything used at any point in the employment application process, is designed or intended to discriminate unlawfully or to gain information upon which an unlawfully discriminatory decision could be based.

I understand that, if I am hired, I am an employee at will and, therefore, am free to resign at any time just as the Township is free to terminate my employment at any time for any reason not contrary to law. Further, if hired, I acknowledge that I am responsible for reading any Employee Manuals and/or collective bargaining agreements applicable to me; for following all rules, regulations, policies and requirements of the Township; for reading and understanding new policies, regulations, rules, and requirements of the Township as they become effective; for asking questions about any such policies, regulations, rules, and requirements that I did not understand. I acknowledge that neither this application nor any other document, conversation, representation or statement from or by Berlin Township and/or any of its employees constitutes a contract or employment for any specified period of time or definite duration. My signature below also signifies that no one has made any promises to me of employment for a specified period of time or a definite duration. I understand that no supervisor or representative of the Township is authorized to make any assurances or promises to the contrary and that no implied, oral or written agreements contrary to the foregoing at-will employment arrangement are valid unless they are in writing and signed by the Township Trustees.

If I am hired, I authorize the Township to deduct any monies I owe to the Township from my paychecks, including my final paycheck. Additionally, if I have removed without authorization and/or failed to return any property belonging to the Township, the Township may deduct the value of that property from my paychecks, including my final paycheck.

If I am hired, I understand that I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete certain forms in this regard. Further, Berlin Township may conduct pre-employment drug screening and I understand that if I refuse to submit to a drug screen or if I test positive for the presence of illegal drugs, I will automatically be disqualified for further consideration for a period of six months. In that case, after six months have expired, I may reapply to Berlin Township for available positions and submit to a new drug screen if I am offered employment. I understand that Berlin Township may conduct pre-employment criminal background checks, and if there are any disqualifying offenses, I will not be hired.

<u>Tobacco and Nicotine Free Hiring Policy</u>: By signing this application for employment, I hereby certify that I am not a tobacco or nicotine user, and this certification is material to Berlin Township's hiring decision. I understand that Berlin Township may require me to undergo tobacco and/or nicotine testing pre-hire and during my employment, and that, if hired, I may be disciplined or terminated for such use.

## NOTE TO CANDIDATE: DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement as well as all terms and conditions of employment as defined by Berlin Township.