Employment Application

5111 South Old 3C Highway
Westerville, Ohio 43082
Phone: (614) 895-1126   Fax: (614) 895-1255

This application for employment must have all areas completed, your signature, and the date for you to receive consideration for employment with Genoa Township, Delaware County, Ohio.

Genoa Township is an Equal Opportunity Employer

Position: _____   **Full-Time** _____   **Part-Time** _____

Personal Information:

Name _____

Address _____

| | City | State | Zip |

Home Phone _____ **Cell Phone** _____

Email _____

Social Security _____ **Date of Birth** _____

Emergency Contacts:

Name _____ **Phone Number** _____

Name _____ **Phone Number** _____

Licenses/Professional Certifications: Attach proof of required education and certifications.

Driver's License Number _____

| Number | State | Type | (Exp. Date) |

Professional License _____

| Type | State | (Exp. Date) |

Professional Certifications _____

| Type | State | (Exp. Date) |

_____

| Type | State | (Exp. Date) |

_____

| Type | State | (Exp. Date) |

Education: You must produce an original transcript and/or diploma to establish that you meet the educational requirements identified in the minimum qualifications.

Grade/High School: Highest Grade Completed   **1 2 3 4 5 6 7 8 9 10 11 12**

Last School Attended _____
                   (Name)   **(City)**   **(State)**

Graduated: Yes _____ **No** _____   **G.E.D. Yes** _____ **No** _____

_____

Technical/Undergraduate School   **Degree(s)**_____

College/University _____
                (Name)   **(City)**   **(State)**

Graduated Yes _____ **No**_____   **Number of Hours Completed** _____

_____

Graduate School   **Degree(s)** _____

College/University: _____
               (Name)   **(City)**   **(State)**

Graduated: Yes _____ **No** _____   **Number of Hours Completed** _____

Additional Formal Education _____

Experience: List all employment and/or volunteer jobs, beginning with your current employer or your last job. List a promotion as a new job. Attach extra pages if needed.

Employer _____**Position** _____

Dates employed _____**Salary** _____ **Hrs. per week** _____

Address _____**City** _____**State** _____ **Zip** _____

Phone _____ **Supervisor** _____

Description of duties, responsibilities & equipment operated: _____

_____

Reason for leaving: _____

May we contact this employer? Yes _____ **No** _____

Employer _____**Position** _____

Dates employed _____**Salary** _____ **Hrs. per week** _____

Address _____**City** _____**State** _____ **Zip** _____

Phone _____ **Supervisor** _____

Description of duties, responsibilities & equipment operated: _____

_____

Reason for leaving: _____

May we contact this employer? Yes _____ **No** _____

Employer _____**Position** _____

Dates employed _____**Salary** _____ **Hrs. per week** _____

Address _____**City** _____**State** _____ **Zip** _____

Phone _____ **Supervisor** _____

Description of duties, responsibilities & equipment operated: _____

_____

Reason for leaving: _____

May we contact this employer? Yes _____ **No** _____

Employer _____**Position** _____

Dates employed _____**Salary** _____ **Hrs. per week** _____

Address _____**City** _____**State** _____ **Zip** _____

Phone _____ **Supervisor** _____

Description of duties, responsibilities & equipment operated: _____

_____

Reason for leaving: _____

May we contact this employer? Yes _____ **No** _____

References:

Name	Address	Phone

Name	Address	Phone

Name	Address	Phone

Acknowledgment and Authorization

I certify that information furnished in the employment application and attachments is true and complete to the best of my knowledge.

I understand and agree to a pre-employment drug screening, and in the event test results are positive, that Genoa Township will not extend, or may withdraw an offer of employment.

I understand and agree that Genoa Township, Delaware County, Ohio may conduct a general background investigation, as well as investigate the information I have furnished; and I authorize any person, firm or organization to supply any information about me concerning any past employment, military duty, conviction or personal information to Genoa Township. I hereby release all parties from liability for any damage that may result from disclosing such information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Genoa Township Board of Trustees.

I understand that I am required to abide by all rules and regulations of Genoa Township and in the event of employment, I understand that false or misleading information given in my application or interview can lead to the withdrawal of an offer of employment or may result in termination from employment with Genoa Township.

_____   _____
Signature of Applicant   **Date**