

**Eden Township
Licking County
APPLICATION FOR EMPLOYMENT**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or veteran status.

PLEASE COMPLETE THIS APPLICATION IN INK

Date of Application _____

PERSONAL INFORMATION

Name: _____

Present Address: _____

Phone Number: _____ Social Security Number: _____

Email Address: _____ Are you under age 18? yes no

Are you a US Citizen? yes no

Do you have a felony record? yes no

If yes, please explain: _____

JOB INTERESTS

Position Desired: _____ Date you can start: _____

What starting wage do you expect? _____ per hour

How did you learn about this job opening? _____

EDUCATION AND TRAINING

Highest Level of Education: _____ School Attended: _____

Training pertaining to position applying for: _____

EMERGENCY CONTACT

In case of an emergency please contact:

Name: _____ Phone number: _____

WORK EXPERIENCE

Starting with your current or most recent employer, describe your employment experience below:

Are you presently employed? ____yes ____no

Are you on layoff and subject to recall? ____yes ____no If yes, to where _____

1.

Name of present or last employer: _____

Address: _____

Position: _____ Dates Employed: _____ from _____ to

Supervisor: _____ Phone Number: _____

Description of work and responsibilities: _____

Reason for leaving: _____

Will you receive a satisfactory reference from this employer? ____yes ____no If your answer is no, please explain: _____

2.

Name of present or last employer: _____

Address: _____

Position: _____ Dates Employed: _____ from _____ to

Supervisor: _____ Phone Number: _____

Description of work and responsibilities: _____

Reason for leaving: _____

Will you receive a satisfactory reference from this employer? ____yes ____no If your answer is no, please explain: _____

ADDITIONAL PERSONAL INFORMATION

Have you ever been discharged or asked to resign from an employer? ____yes ____no

If your answer is yes, please explain _____

Do you have a valid drivers license? ____yes ____no License Number: _____

Have you had any accidents in the last 5 years? ____yes ____no

If yes, please explain _____

Have your drivers license ever been suspended, revoked, denied or cancelled? ____yes ____no

If yes, please explain _____

Are you or any family member related to any person currently on the Township Board?
____yes ____no

If yes, please explain: _____

PERSONAL REFERENCES

1.

Name: _____ Years known: _____

Phone Number: _____ Relationship _____

2.

Name: _____ Years known: _____

Phone Number: _____ Relationship _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements.

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if know to the township would affect my application unfavorably.

If I am hired by the township and the township discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

If offered a position, I agree to submit to pre-employment drug and alcohol testing prior to employment, and I understand that a positive test will form the basis for rescission of any job offer. I understand that if employed by the township I will be required to perform random drug and alcohol testing at any time.

I understand that nothing in this application creates a contract of employment between myself and the township. If I am hired by the township my employment and compensation are “at will” which means that my employment can be terminated, either by the township or myself, with or without cause and with or without notice.

I give the township my permission to conduct any investigation regarding the information contained in my application, which the township thinks necessary to determine my qualifications for assuming a job with the township. I give the township my permission to contact any former employer or personal reference for the purpose of gathering information in regards to my character.

Date:_____ Signature:_____

**PRE-EMPLOYMENT URINALYSIS AND BREATH ANALYSIS
CONSENT FORM**

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all driver-applicants to this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances, and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicants Name (print) **Date:** ____/____/____

Applicants Signature