Springfield Township
2777 Springfield Xenia Rd.
Springfield, Ohio 45506
Phone: (937) 322-3459
Fax: (937) 322-9934

Springfield Township is an Equal Opportunity /ADA Compliance Employer. We do not discriminate on the basis of age, ancestry, disability, ethnicity, familial/marital status, gender identity, genetic information, language, military/veteran status, national origin, pregnancy, race, religion, sex, sexual orientation, socio-economic status.

Position of Interest: _____ Date of Application: _____

Last Name:_____ First Name:_____ Middle Name:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Primary Telephone Number: _____ Email Address:_____

How did you hear about us?
☐ Newspaper/Advertisement ☐ Website ☐ Friend ☐ Current Employee ☐ Other _____

Are you legally eligible to work in the United States? ☐ Yes ☐ No
(Proof of eligibility will be required upon offer of employment.)

Are you over the age of 18 years? ☐ Yes ☐ No
(If no, you may be required to provide authorization)

Have you ever applied to Springfield Township in the past? ☐ Yes ☐ No

Have you ever worked for Springfield Township in the past? ☐ Yes ☐ No
If yes, please give date _____

Do you have any relatives employed by Springfield Township? ☐ Yes ☐ No
If yes, please provide name and relationship _____

Do you have a valid driver's license? ☐ Yes ☐ No

Have you been convicted of any moving violations in the past five years ☐ Yes ☐ No
If yes, please explain _____

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐No
If yes, please explain _____

Can you with or without reasonable accommodation perform the essential functions of this job? ☐ Yes ☐ No

Are you available to work: □ Full-Time □ Part-Time □ Seasonal □ Unpaid Volunteer or Internship

Date available for work _____/_____/_____ Desired salary range $ _____hourly $_____annually

Employment History *Begin with current or most recent employer. Include any applicable temporary employment. Attach a separate sheet if necessary.*

Company Name:_____Employment Dates: From_____To_____

Name and Title of Supervisor: _____Salary: Start_____End_____

Address:_____Phone:_____

Duties:_____

_____

Reason for leaving: _____

Company Name:_____Employment Dates: From_____To_____

Name and Title of Supervisor: _____Salary: Start_____End_____

Address:_____Phone:_____

Duties:_____

_____

Reason for leaving: _____

Company Name:_____Employment Dates: From_____To_____

Name and Title of Supervisor: _____Salary: Start_____End_____

Address:_____Phone:_____

Duties:_____

_____

Reason for leaving: _____

Company Name:_____Employment Dates: From_____To_____

Name and Title of Supervisor: _____Salary: Start_____End_____

Address:_____Phone:_____

Duties:_____

_____

Reason for leaving: _____

Please provide any other information that you feel will help us in considering your application for employment. _____

_____

Educational History

High School: _____
Graduated: __ Yes __No

College/Undergraduate: _____
Graduated: __ Yes __No Course of Study/ Degree: _____

Vocational/Technical School:_____
Graduated: __Yes __No Certificate: _____

Please list any academic honors, scholarships or offices held. _____

_____

References

Please list three individuals who are not related or past immediate supervisors whom we may contact for a professional recommendation.

1. _____
Name, Position & Employer Phone #, Years Known

2. _____
Name, Position & Employer Phone #, Years Known

3. _____
Name, Position & Employer Phone #, Years Known

Applicant Acknowledgement and Authorization

Please read carefully before signing.

I hereby certify that all of the information provided by me in this application (or any other accompanying required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by Springfield Township that such employment with Springfield Township is at will, with no specified duration and may be terminated by either Springfield Township or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Springfield Township or its representatives during the employment process is deemed a contract of employment real or implied. I understand that no presentative of Springfield Township except the Board of Trustees have the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Board of Trustees.

I agree to comply with all rules and regulations of Springfield Township. I understand that due to the nature of Springfield Township business, attendance and punctuality are considered essential requirements of every job at Springfield Township and that poor attendance or tardiness will result in disciplinary action including but not limited to termination.

I understand that if offered a position with Springfield Township, I may be required to submit to a pre-hire and/or post-hire medical examination, drug screening, driving records verification and other background checks or verifications as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the result of the pre-employment test and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Springfield Township and/or any of its representative or agents.

I understand that this application is considered current for one year (12 months). If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

_____ _____

Signature Date