



## Application for Employment Hanover Township Butler County, Ohio

To Applicant: We appreciate your interest in Hanover Township. Please print clearly and answer all questions.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

(PLEASE PRINT PLAINLY)

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### PERSONAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Number & Street

City

State

Zip Code

Are you legally eligible for employment in the USA?  YES  NO

If hired, you are required to submit proof of your eligibility to work in the USA.

Are you over the age of eighteen?  YES  NO

If answered NO, hire is subject to verification that you are of minimum legal age.

Position(s) applying for: \_\_\_\_\_

Were you previously employed by Hanover Township?  YES  NO

If answered YES, specify when: \_\_\_\_\_

If hired, on what date will you be available to start? \_\_\_\_\_

Are there any other related experiences, skills, or qualifications that will be of special benefit in the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Have you been convicted of a major crime (felony)?  YES  NO

(Do not answer YES if the conviction has been pardoned, annulled, expunged, sealed or impounded by a court)

If YES, please give the conviction date and nature of the offense: \_\_\_\_\_

\_\_\_\_\_

(A conviction record will not necessarily bar employment.)

## EMPLOYMENT HISTORY

Beginning with your most recent experience, list below present and past employment.

I.	<b>Company Name, Company Address &amp; Type of Business</b>	<b>From</b>		<b>To</b>		<b>Weekly Starting Salary</b>	<b>Weekly Last Salary</b>	<b>Reason for Leaving</b>
		Mo.	Yr.	Mo.	Yr.			
		Name of Supervisor:						
		Describe the work you did:						
	Telephone:							

  

II.	<b>Company Name, Company Address &amp; Type of Business</b>	<b>From</b>		<b>To</b>		<b>Weekly Starting Salary</b>	<b>Weekly Last Salary</b>	<b>Reason for Leaving</b>
		Mo.	Yr.	Mo.	Yr.			
		Name of Supervisor:						
		Describe the work you did:						
	Telephone:							

  

III.	<b>Company Name, Company Address &amp; Type of Business</b>	<b>From</b>		<b>To</b>		<b>Weekly Starting Salary</b>	<b>Weekly Last Salary</b>	<b>Reason for Leaving</b>
		Mo.	Yr.	Mo.	Yr.			
		Name of Supervisor:						
		Describe the work you did:						
	Telephone:							

  

IV.	<b>Company Name, Company Address &amp; Type of Business</b>	<b>From</b>		<b>To</b>		<b>Weekly Starting Salary</b>	<b>Weekly Last Salary</b>	<b>Reason for Leaving</b>
		Mo.	Yr.	Mo.	Yr.			
		Name of Supervisor:						
		Describe the work you did:						
	Telephone:							

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below.

- Employer I?             YES    NO  
 Employer II?         YES    NO  
 Employer III?        YES    NO  
 Employer IV?         YES    NO

Signed: \_\_\_\_\_

**RECORD OF EDUCATION**

EDUCATION LEVEL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	CIRLE LAST YEAR COMPLETED				DID YOU GRADUATE ?	DIPLOMA OR DEGREE EARNED
			5	6	7	8		
Elementary							<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (specify)			1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PERSONAL REFERENCES**  
(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home?  YES  NO

If YES, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work?  YES  NO

If YES, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statements on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than a designated official of Hanover Township has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature of Applicant

**Return Form to:** Hanover Township Administrator's Office, 2595 Old Oxford Road, Hamilton, Ohio 45013



## APPLICANT STATEMENT/AUTHORIZATION

1. I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes Hanover Township or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, activities, law enforcement record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, physicians, hospitals, prior employers, and law enforcement agencies to provide any and all information and/or medical records they may have regarding me or my employment. I release and agree to indemnify Hanover Township, its authorized agents, and its employees and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
2. I understand and agree that any falsification, misrepresentation, incomplete response, or omission either on the employment application form or in my response to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed by Hanover Township, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand that a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. In addition, I understand I may be required to take a physical examination before starting work if an offer of employment is made. I release and agree to indemnify Hanover Township, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.
4. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

5. I also agree to submit to a polygraph examination, upon request by Hanover Township, as a pre-employment requirement and/or a condition of continuing employment should I be employed by Hanover Township.
  
6. I understand and agree that nothing contained in the Hanover Township employment application or in the granting of an interview or anything set forth in any written or oral statement, communication, or policy now or in the future constitutes or is intended to constitute or create a contract between me and Hanover Township for either employment or for providing benefits. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Hanover Township unless they are express promises, made in writing, and signed by the Hanover Township Board of Trustees or its designated representative. I understand that if employed by Hanover Township, my employment is "at-will" and can be terminated with or without notice, at any time, for any reason or no reason.

**Name:** (please print)

\_\_\_\_\_

First

MI

Last

**Social Security Number:**

\_\_\_\_\_

**Driver's License Information:**

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Number: \_\_\_\_\_ Class/Type: \_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date