

LEROY TOWNSHIP APPLICATION
Road and Service Department
(Attach job description)

LeRoy Township is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex gender, disability or any other characteristic protected by law.

If applicant has been convicted of a felony, applicant will not be considered for employment.

Application form must be completed by applicant. Read all questions completely. Answer all questions fully and accurately. If a question does not apply, mark N/A in the appropriate space. If an answer requires more space, use back of the last page. Complete mailing address and phone numbers are required for employers and character references.

INTRODUCTORY INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Applicant MUST have and maintain a valid Ohio driver's license.
Applicant MUST maintain the minimum level of auto insurance required by the State of Ohio and MUST be insurable by the Township.
Applicant MUST be 18 years of age or older.

APPLICANT QUESTIONS:

Are you applying for the Road & Service Department: Part-time _____ Full-time _____

Do you have a valid Ohio driver's license? YES _____ NO _____

Do you have a CDL? YES _____ NO _____

Please attach a copy of your driver's license and insurance card.

Part of this job may require weekend work or call in, are you available on Saturday and/or Sunday? YES _____ NO _____

If a job offer is made, can you provide documents required to establish your eligibility to work in the U.S.? YES _____ NO _____

Please attach a copy of your social security card.

Are you 18 years of age or older? YES _____ NO _____

Date available to start _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Are you in the reserves? YES _____ NO _____

Leroy Township
Road & Service Dept. Application (page two)

EDUCATION:

School or last grade completed

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Other Schooling or Training

Name & Address of School:

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Name & Address of School:

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

Name & Address of School:

Course of Study: _____ Number of years completed: _____

Degree/Diploma: _____

List licenses, registrations or certifications which you possess. Please include the state or other licensing authority which granted it.

Do you possess any computer experience? _____

Give any other special qualifications not covered elsewhere in your application.

Leroy Township
Road & Service Dept. Application (page three)

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

WORK-RELATED REFERENCES: (Do not include relatives)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Leroy Township
Road & Service Dept. Application (page four)

STATEMENT (Please read this statement carefully before signing this application):

I authorize the Township to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Township, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

All job offers are pending references, drug testing, a criminal background check, and a BMV Record check.

I understand that new employees are required to be on a minimum of a six-month probationary period.

I have read the attached job description _____(position applying for). I am physically capable of performing the work described, or any other possible physical demands that may occur as part of this job.

I solemnly swear or affirm that all the statements in this completed application are true and to the best of my knowledge and belief. I understand that any falsification or willful omission either on this form or in my responses to questions asked during the interviewing or examination process is grounds for immediate termination of employment, or refusal to hire, no matter when the falsification or omission is discovered.

Signature of Applicant

Date Signed

Witness

Date