

OSNABURG TOWNSHIP GOVERNMENT

"Planning For Progress"

7115 Hillvale St. S.E. East Canton, Ohio 44730 Phone: 330-488-0235

Fax: 330-488-1744

OSNABURG TOWNSHIP EMPLOYMENT APPLICATION

Name:		
Last	First	Middle
Date:		
Month	Dav	Year

Board of Township Trustees





Equal Employment Opportunity Form Page

				Applicant Information			
Full N	Name:						
		Last		First		M.I.	
Addr	ess:	Character Address				A	_
		Street Address				Apartment/Unit #	
		City		State		ZIP Code	
Home	e Phone:	()					
Posit	ion Applied for:						
				Voluntary Information			
	information is beir n considering you f			e with federal regulations. The	: information	is voluntary and will not be used	
Raci	al or Ethnic Gro	ир					
\boxtimes	American Indian	n/Alaskan		Asian/Pacific Islander		Black/African American	
	Hispanic/Latino			White/Caucasian		Other	
Geno	ler						
	Female			Male			
Milit	tary Service						
	Pre-Vietnam Era	a		Vietnam Era			
	Post-Vietnam E	ra		Disabled Veteran			
How	did you hear ab	out this positio	n?				
	Newspaper			Township Employee		Professional Publication	
	Job Fair			Placement Office		Website	
	Other						

PERSONAL

Employment Application

APPLICA	ANT I	INF	ORM	ATION																
Last Name	e	First									M.I.	Date		te						
Street Add	dress	os es											Apartr	Apartment/Un						
City		State										ZIP								
Phone								E-mail /	Address					<u> </u>						
Date Avail	able					Social Se Last 4 Di			XXX-X	X-			De	esired Sal	ary					
Position A	pplied	for						·												
Are you a	citizer	n of t	the Un	ited States	s?	YES	N	ю 🗆	If no, are you authorized to work				ork in the	u.s.?		YE:	5 🗌	NO		
Have you	ever w	vorke	ed for	this towns	ship?	YES	NO 🗌 If so			If so, when?										
If required	d can y	you v	work n	ights & we	eekends?	YES	N	ю 🗆	If no,	expl	ain									
Do you ha	ive A c	comr	nercia	l drivers lic	cense	YES	N	ю 🗆	If yes CDL Class?			(A)		(B)						
Drivers Lic	cense l	Num	ber						State	drive										
EDUCAT	ION																			
High Scho	ol			ı			Α	ddress												
From			То		Did you g	raduate?	Y	ES 🗌	NO [NO Degree										
College							Α	ddress												
From			To Did you graduate?			Y	ES 🗌	NO Degree												
Other		Address					ddress													
From		To Did you graduate? YES			ES	NO Degree														
REFERE	NCES	5																		
Please list	three	proi	fession	nal referen	ces.															
Full Name									Relationship											
Company										Ph	one									
Address																				
Full Name	:	Relationship																		
Company								Ph	one											
Address																				
Full Name	:									Re	lations	ship								
Company		Phone							one											
Address																				

PREVIOUS EMPLOYMENT								
Company				Phone				
Address				Supervisor				
Job Title		Starting Salary	\$	Ending Salary \$				
Responsibilities								
From To	Reason for Leaving							
May we contact your previous supe	visor for a reference?	NO 🗌						
Company			Phone					
Address			Supervisor					
Job Title		Starting Salary	\$	Ending Salary \$				
Responsibilities								
From To	Reason for Leaving	9						
May we contact your previous supe	visor for a reference?	YES	NO 🗆					
Company			Phone					
Address		Supervisor						
Job Title		Starting Salary	\$	Ending Salary \$				
Responsibilities								
From To	Reason for Leaving	9						
May we contact your previous supervisor for a reference? YES NO								
MILITARY SERVICE								
Branch				From To				
Rank at Discharge		Type of Discharge						
If other than honorable, explain								
Have you taken training under the G.I. Bill?	YES NO							
If Yes to above what training did you receive?								

I certify that my answers are true and complete to the best of my knowledge. I understand that if employed, false statement on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history. In making this application for employment I also understand that an investigation report MAY be made whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if make may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative
report that is made.
Signature Date
DISCLAIMER AND SIGNATURE RELEASE OF RECORDS
I, by this release, photography or facsimile transmission thereof, authorize and request you to release to Osnaburg Township Board of Trustees, or there designated representatives, any and all information and/or records relating to, including, but not limited to, academic, adoption, correctional, employment, law enforcement, medical, military, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records, as well as any files prepared in connection with prior civil or criminal litigation, and any other correspondence or documents pertaining to said event.
This document also authorized any physician, expert or other personnel to discuss their otherwise confidential information with the above-mentioned representatives. In consideration of such disclosure, I hereby release you, in your individual and/or institutional capacity, from any and all liability arise from the disclosure of otherwise confidential information.
You are specifically authorized to photocopy these records and release copies to the above-mentioned representatives

Date

DISCLAIMER AND SIGNATURE

Signature