

# Union Township ~ Licking County

## Employment Application

Thank you for your interest in employment with the Union Township. We appreciate your taking the time to complete this application. Union Township Government is an Equal Opportunity Employer, and all applicants will be given equal consideration regardless of race, age, sex, disability, religion, and national origin. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law. Union Township requires that all persons interested in employment complete a written application for each position which has been advertised and for which they are qualified. A resume alone is not sufficient to consider an individual as an applicant.

I have read and understand the foregoing.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**USE A PEN AND PLEASE PRINT**  
**Application must be completed in full to be considered for position.**

### PERSONAL INFORMATION

Name \_\_\_\_\_  
First Initial Last

Present Address: \_\_\_\_\_  
Number Street City State ZIP

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever used or been known by any other name(s) including first name, maiden/last name etc.?  
 Yes  No If yes, please indicate additional names \_\_\_\_\_

Position applied for: \_\_\_\_\_

Have you ever been employed by another public agency in Ohio?  Yes  No  
If yes, please specify location(s) and date(s) \_\_\_\_\_

Have you ever been terminated, or have you resigned after being told you would be terminated?  Yes  No  
If yes, please explain \_\_\_\_\_

Type of work desired:  Full Time  Part time  Temporary

Salary requirements: \$ \_\_\_\_\_ per \_\_\_\_\_

## Education

School Level	Name and Location (City & State)	Number of Years Attended?	Did you Graduate?	Course of Study?
High School				
Vo-Tech, Business or Trade				
College/University				
Graduate/Professional				

## EMPLOYMENT HISTORY

This section Must be completed "See Resume" is not acceptable.

Start with present or most recent employment. Please account for any period of unemployment.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Full-Time  Part-Time  Starting Salary \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Contact Current Employer? Yes  No  Supervisor's Name \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Full-Time  Part-Time  Starting Salary \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Contact Current Employer? Yes  No  Supervisor's Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Full-Time  Part-Time  Starting Salary \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Contact Current Employer? Yes  No  Supervisor's Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Full-Time  Part-Time  Starting Salary \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Contact Current Employer? Yes  No  Supervisor's Name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

Full-Time  Part-Time  Starting Salary \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Contact Current Employer? Yes  No  Supervisor's Name \_\_\_\_\_

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the position you applied for:

Technical Skills:

Microsoft Office programs: \_\_\_\_\_

Other \_\_\_\_\_

Specialized Skills: (Please list special equipment or machines you can operate)

\_\_\_\_\_

\_\_\_\_\_

**Licenses, Registrations and Certificates**

**If the requirement of a valid driver license or commercial driver license is listed on the job posting, you must complete this section to be considered.**

License/Certificate issued by:	Field/trade/Specialization	License/Certificate Number	Expires

Please list (3) work references (persons familiar with your employment skills and abilities) whom this department has permission to contact. **No personal references.**

**PROFESSIONAL WORK REFERENCES**

<b>Name &amp; Relationship</b>	<b>Company</b>	<b>Phone</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ACKNOWLEDGEMENTS/AUTHORIZATIONS**

**Please read carefully. If you have any questions regarding any of the statements, please contact the Township Administrator.**

1. To the best of my knowledge, the facts set forth in my application for employment are true and complete, I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment.
2. I agree that if I accept employment with Union Township, I will produce documents establishing my identity and work authorization as a condition of employment.
3. 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.
4. Based upon the position for which I am applying, I understand it may be necessary to investigate my financial and credit record through a credit reporting agency. Therefore, I authorize Union Township to investigate my financial and credit record through any credit agency or bureau of its choice. I understand that Union Township, upon my written request, will disclose to me the nature and scope of any credit investigation. If this application is denied either wholly or partly because of the information contained in a consumer report from a consumer reporting agency, I understand that Union Township shall so advise me and provide me with the name and address of the consumer agency making the request.
5. Based upon the position for which I am applying, I understand it may be necessary to investigate my driving record through the Bureau of Motor Vehicles. Therefore, I authorized Union Township, upon my written request, will disclose to me the nature and scope of any investigation. If this application is denied either wholly or partly because of the information contained in the report, I understand that Union Township shall so advise me and provide me with a copy of the report.
6. I also understand that any offer of employment which may be made to me by Union Township is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to Union Township to conduct a drug test that will be performed by a laboratory selected by Union Township.  
  
I understand that and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer which may be made to me will be null and void.
7. I authorize any law enforcement agency, previous employers or educational institutions specified by me in this application, to release to Union Township any and all information, personal or otherwise that may or may not be on their records, and I hereby release said law enforcement agencies, employers and educational institutions from liability for any damage or injury to me arising out the release of such information.

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

Date \_\_\_\_\_

# Employee Relationship Declaration

Applicant's Name \_\_\_\_\_

Position for which applicant is being applying \_\_\_\_\_

In order to ensure that hiring and supervision of employees in Union Township are conducted in a manner that enhances public confidence in government and prevents situations, which gives the appearance of partiality, preferential treatment, impropriety, influence, or a conflict of interest, please provide the requested information below.

Considering the relationship definitions below....

**Family Member ~**

Family member includes Spouse, child, sibling, parent, grandparent, grandchild, uncle, aunt, nephew, niece, father, or mother-in-law, son or daughter-in-law, brother or sister in-law, grandparent in-law, stepfather or mother, stepbrother or sister, stepson or daughter, half brother or sister, and legal guardian or other person who stands in the place of a parent.

**Household Member ~**

Household member includes people living in the same household who are not legally married or related.

**Business Associate ~**

Business Associate includes individuals who are joined together in a common business purpose or enterprise.

Are there any current Union Township employees with whom you share one or more of the above relationships?  Yes  No

If yes, please provide the Department in which the individual works, and his/her Position title.

Department/Office	Position Title

With my signature below, I certify that I have indicated above any and all current Township Employees with whom I have a relationship as defined herein. I understand and acknowledge that any intentional misrepresentation or omission of pertinent information requested via this form may result in my failure to receive an offer of employment or my termination from employment with Union Township.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(approved 10/30/23)