



**HAMILTON
TOWNSHIP**

7780 South State Route 48 Maineville, OH 45039 (513) 683-8520

Applicant Information

Full Name:

Last First M.I.

Address:

Street Address Apt/Unit #

City State Zip

Phone:

Email
Address:

Position applied for:

Available Start Date:

Have you ever worked for Hamilton Township?

Yes No

If yes, when?

Are you a citizen of the United States?

Yes No

Have you ever been convicted of a felony?

Yes No

Do you have a valid driver's license?

Yes No

Do you have a commercial driver's license?

Yes No

If yes, what class?

Education

High School:

From: _____ To: _____

Did you graduate? _____

Degree: _____

College:

From: _____ To: _____

Did you graduate? _____

Degree: _____

Other:

From: _____ To: _____

Did you graduate? _____

Degree: _____

References

Please list three (3) professional references:

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

Address: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

_____ Supervisor Phone: _____

Responsibilities: _____ Supervisor Email: _____

Hire _____ End _____ Starting _____ Ending _____

Date: _____ Date: _____ Salary: _____ Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

_____ Supervisor Phone: _____

Responsibilities: _____ Supervisor Email: _____

Hire _____ End _____ Starting _____ Ending _____

Date: _____ Date: _____ Salary: _____ Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

_____ Supervisor Phone: _____

Responsibilities: _____ Supervisor Email: _____

Hire _____ End _____ Starting _____ Ending _____

Date: _____ Date: _____ Salary: _____ Salary: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____ MOS: _____

If other than honorable, explain: _____

Disclaimer and Signature

Hamilton Township is an Equal Opportunity Employer and a Drug-Free Workplace

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

This employment application shall be considered active for a period not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I may be required to undergo a Physical Agility Test, Psychological Profile, CVSA, and Medical Physical, including a Drug/Alcohol Examination.

Signature: _____ **Date:** _____



Hamilton Township

Applicant Release of Background Information Form

I, _____ residing at _____, for the last ____ (years / months), have applied for employment with Hamilton Township _____ Department. I have been advised and understand that a representative of Hamilton Township will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and records offices at schools which I have attended; police or courts with whom I may have an arrest or conviction record; present and previous employers; and, any other persons who may be able to provide information about me which Hamilton Township desires.

I hereby, expressly release and waive all provisions of state and federal law which may forbid disclosure of information from any school official, court, police agency, employer, firm or person, from disclosing any knowledge or information they have concerning me which is requested by Hamilton Township. I further consent that Hamilton Township, or their representative, be provided a copy of any such record concerning me upon request.

I further release, discharge, exonerate Hamilton Township and Hamilton Township Trustee Board, Warren County, Ohio, its agents, officers, representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by or on behalf of Hamilton Township.

I hereby request and authorize the Department of the _____ (Air Force, Army, Coast Guard, Marines, or Navy) to furnish Hamilton Township the records of each period of my service, and furnish the character of services rendered. My service number is/was _____.

I understand that a screening committee will review my background investigation and determine my eligibility for appointment. All other civilian backgrounds are reviewed to determine eligibility.

I recognize the right of Hamilton Township to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent the names of such confidential informed sources, and information obtained therefrom.

A photocopy of this authorization is to be accepted the same as the original.

Printed Name of Applicant

Signature of Applicant

Date: _____