



**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

Driver's License

Number:

Education

High School:

Did you graduate?

From:

To:

Degree:

College:

Did you graduate?

From:

To:

Degree:

Other:

Did you graduate?

From:

To:

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 Date: _____ End Date: _____ Starting Salary: _____ Ending 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 Date: _____ End Date: _____ Starting Salary: _____ Ending 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 Date: _____ End Date: _____ Starting Salary: _____ Ending 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:** _____