



**HAMILTON
TOWNSHIP**

7780 South State Route 48, Hamilton Township, 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

Yes No

If yes, when? _____

Are you a citizen of the United States? Yes No

Yes No

Do you have a valid Ohio driver's license? Yes No

Yes No

Driver's license #: _____

Do you have a valid Ohio commercial driver's license? Yes No

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 _____
 Date: _____ Date: _____
 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 _____
 Date: _____ Date: _____
 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 _____
 Date: _____ Date: _____
 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 six (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 Motor Vehicle Record Check, 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: _____