



Hamilton Township

6400 Lockbourne Road
 Lockbourne, Ohio 43137
 Phone: 614-491-3963

Employment Application

Personal Information

Name:		Date:	
Street Address:			
City:		State:	Zip:
Phone #:		Email Address:	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License Number:		State:	
If selected for employment are you willing to submit to a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position

Position Applying For:		Available Start Date:	
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Status: <input type="checkbox"/> Regular <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Shift: <input type="checkbox"/> Days <input type="checkbox"/> Evenings			
Desired Pay?		Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you reviewed the job functions and requirements on the job posting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have experience in the jobs tasks listed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

School Name	Location	Degree Received	Diploma Received

List any special skills or experiences that you feel would help you in the position that you are applying for.

Work History

Job Title:	Start Date:	End Date:
Company Name:	Phone #:	
City:	State:	Zip:
Supervisor's Name:	Salary:	
Duties:		
Reason for Leaving:		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Title:	Start Date:	End Date:
Company Name:	Phone #:	
City:	State:	Zip:
Supervisor's Name:	Ending Salary:	
Duties:		
Reason for Leaving:		
Job Title:	Start Date:	End Date:
Company Name:	Phone #:	
City:	State:	Zip:
Supervisor's Name:	Ending Salary:	
Duties:		
Reason for Leaving:		

References (non-family)

Name	Phone	Relationship to You

Digital Application Acknowledgement and Signature:

- I certify that all of the information furnished in the employment application and its addenda (including continuation sheets, transcripts, certificates, or any other material submitted to be considered for employment), are true and complete to the best of my knowledge.
- I understand that Hamilton Township (Franklin County, Ohio) may investigate the information I have provided, and I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duty, convictions, or personal information to Hamilton Township and I release any such person, firm or organization from any responsibility in disclosing such information.
- I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment with Hamilton Township (Franklin County, Ohio).
- I acknowledge that according to ORC Section 1306.06 that a digital signature below is lawfully binding in the State of Ohio.

I acknowledge and accept the above statement.

Signature: _____

Date: _____