



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
Position Applied for	Type of employment desired:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal
Referral Source:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Job line <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Other	
Do you have any relatives working for Miami Township?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, who?	
Have you worked for Miami Township before?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you currently have a CDL?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYMENT HISTORY

Provide the following information from your past and current employers, assignments, or volunteer activities, starting with your most recent. Explain any gaps in employment in the comments section below.

Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving?	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving?	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving?	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMMENTS including explanation of any gaps in employment.

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and / or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EDUCATION

High School

Did you graduate? YES NO Degree

College

Did you graduate? YES NO Degree

Other

Did you graduate? YES NO Degree**REFERENCES**

Please list three professional references that are not related to you and are not previous supervisors. If not applicable, list three personal references that are not related to you.

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

ADDITIONAL INFORMATION: ORGANIZATIONS

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status

ORGANIZATION**OFFICES HELD**

ADDITIONAL INFORMATION: AWARDS

List special accomplishments, publications, awards, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status

ADDITIONAL INFORMATION: OTHER

List any additional information that you would like us to consider. Exclude information which would reveal sex, race, religion, national origin, age, color, disability, or any other similarly protected status

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby authorize any reference, school, former employer, or any other person to disclose to Miami Township upon request any and all documents, records, or other information that they may possess and I release them from liability for disclosing such information to Miami Township. (This authorization shall remain in effect for a period of ninety (90) days from the date below.

I understand that if I meet all requirements and characteristics as indicated in the job description, hiring may be contingent upon successful completion of drug and alcohol test, background check, and a credit report, and physical. These costs will be borne by the Township.

I understand that if employed:

- I may be required to work additional or fewer hours at other than my current assignment as the needs of the Township require.
- My employment is subject to complying with those rules, regulations, and conditions as established by management.
- I will be required to conform to all existing and future policies and procedures of Miami Township.
- Miami Township reserves the right to change wages, hours, and working conditions, as deemed necessary.

I understand that if I am offered employment that I must provide appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by law prior to my first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the Miami Township Board of Trustees.

Signature

Date

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