



EMPLOYMENT APPLICATION

4927 Holland Sylvania Road
 Sylvania, OH 43560-1958
 Phone: 419-882-0031
 Fax: 419-885-8311
 Email: HR@sylvaniatownship.com
 www.sylvaniatownship.com

Sylvania Township is committed to a policy of fully complying with all applicable federal, state and local laws, rules and regulations prohibiting discrimination on the basis of gender, gender identity, state or local law race, color, national origin, sex, sexual orientation, genetic information, religion, age, disability, military status in employment or the provision of services or other protected class under federal, state or local law.

Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this application will be subject to all applicable public records laws.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Alternate Phone	Position Applied For:		
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How did you hear about this position?
Do you have any relatives that work for Sylvania Township?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of current Sylvania Township employee who referred you:
Do you currently use any form of tobacco products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EDUCATION	
High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Vocational/Training	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

MILITARY SERVICE			
Branch	From	To	
Rank at Discharge	Type of Discharge		
If other than honorable, explain.			

SPECIAL ACCOMPLISHMENTS OR ANY ADDITIONAL INFORMATION TO BE CONSIDERED

CERTIFICATES AND LICENSES

Type	Expiration Date
License Number	Issuing Agency
Type	Expiration Date
License Number	Issuing Agency
Type	Expiration Date
License Number	Issuing Agency

Please give an accurate, full-time, and part-time employment record.
Start with your present or most recent employer.

PREVIOUS EMPLOYMENT

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

WORK CONDUCT

In the course of your current or previous employment, have you ever been disciplined? YES NO

If yes, please provide the following information for each occurrence. Attach additional sheets if necessary.

Reason for Discipline

Date(s) of Occurrence

Supervisor's Name/Title/Phone No.

Final Resolution or Determination

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE

1. I certify that my answers are true and complete to the best of my knowledge.
2. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
3. In the event of employment, I understand that false or misleading information given in my application or at any point in the selection process will result in discharge.
4. I agree and understand that an employment offer is conditional upon the results of a post-offer medical examination, which includes psychological, drug, alcohol and nicotine tests.
5. In consideration of prospective employment, I authorize Sylvania Township to investigate information supplied by me and to inquire in regard to my background including academic, occupational, criminal and employment records.
6. **I understand, acknowledge, and hereby consent to each of the above statements and conditions.**

Signature

Date

SYLVANIA TOWNSHIP TOBACCO FREE WORKPLACE POLICY

Due to the acknowledged hazards arising from exposure to environmental tobacco smoke, increased medical costs, and safety factors, it shall be the policy of Sylvania Township to provide a tobacco free environment for all employees and visitors.

- As an applicant, I understand that this policy covers the smoking of any tobacco product, the use of "spit" tobacco, and any form of smokeless tobacco.
- I understand that Sylvania Township does not offer employment to tobacco users.
- I attest that I am a non-tobacco user which includes cigarettes, cigars, chewing or pipe tobacco or any other tobacco product regardless of the frequency or method of use.
- I understand that if employment is offered to me, I will be tested for the presence of nicotine.
- I understand that, if hired, I will be subject to testing for the presence of nicotine during my probationary period. Refusal to participate in the test will be considered a positive test. Positive test results will subject me to termination.

Applicant

Date

CONSENT & RELEASE FORM FOR EMPLOYEES AND APPLICANTS

I, _____ (applicant or employee name), as an employee/applicant of Sylvania Township, (hereafter, the "Township"), hereby acknowledge that the Township's policy may require me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate and cooperate in all aspects of the program.

I hereby and herewith release the Township, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for employment based on the results of the analysis.

FOR APPLICANTS:

I hereby authorize the release of my drug and/or alcohol test results to the Township's Medical Review Officer (MRO), and/or the Township's examining physician, as provided by the Township's policy.

I further acknowledge that the Township has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____ Date: _____

Employee/Applicant Printed Name: _____

Witness Signature: _____

Witness Printed Name: _____

AUTHORIZATION TO RELEASE PAST EMPLOYMENT INFORMATION

I understand that I am applying for a "Safety Sensitive" position within Sylvania Township. I further understand that refusal to sign this form will eliminate consideration of my employment with Sylvania Township.

I give my authorization to contact the following employers to obtain information regarding any alcohol/drug testing or abuse during the term of employment. (please list all employers within the past 10 years)

Employer	Address	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
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Name (print)

Signature

Date