

Clearcreek Township

7593 Bunnell Hill Road Springboro, OH 45066 www.clearcreektownship.com (937) 748-1267

APPLICATION FOR EMPLOYMENT

Clearcreek Township is an Equal Opportunity Employer

Rev. April 2023

Position(s) Applied For:				Date	Date of Application:					
Last Name: First Name:					Middle Name:					
Street Address:		City:	State:		Zip Code:					
Telephone Numbe	r:	Email addre								
Are eligible to work on the U.S.? Are you over 18 years of age?						☐ Yes	□ No □ No			
Have you ever filed an application with us before? Have you ever been employed with us before?						□ Yes □ Yes	□ No □ No			
Are you available to work: On what date would you be available for work?					☐ Full-Time ☐ Part-Tim					
DUCATION										
	Name and loc school	ation of	# of years completed	Course	of Study	/	Diploma/Degree Earned			
High School										
Undergraduate College										
Graduate										
Other (specify)	ner (specify)									
MILITARY SERVICE ☐ Yes ☐ No f yes, what branch:		Perio	d of Active Du	tv: Fro	m	to				

EMPLOYMENT EXPERIENCE

Start with your present or last job, explaining any gaps in employment.

Employer:		Dates Employed				
Addross		From: To:				
Address:		Final Hourly Rate/Salary:				
Telephone Number:		Work Performed:				
Job Title:	Supervisor:					
Reason for Separation:						
May we contact?	□ Yes □ No					
Emanda varia		Dates Freedowed				
Employer:		Dates Employed From: To:				
Address:		Final Hourly Rate/Salary:				
ridaress.		Timar riburiy nater barary.				
Telephone Number:		Work Performed:				
Job Title:	Supervisor:					
D (C)						
Reason for Separation:						
						
May we contact?	□ Yes □ No					
Employer:		Dates Employed				
Employer:		Dates Employed From: To:				
Employer: Address:						
Address:		From: To: Final Hourly Rate/Salary:				
		From: To:				
Address: Telephone Number:	Cuparicari	From: To: Final Hourly Rate/Salary:				
Address:	Supervisor:	From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title:	Supervisor:	From: To: Final Hourly Rate/Salary:				
Address: Telephone Number:	Supervisor:	From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation:		From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation:	Supervisor: ☐ Yes ☐ No	From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation:		From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer:		From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact?		From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer: Address:		From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer:		From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer: Address: Telephone Number:	□ Yes □ No	From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer: Address:		From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer: Address: Telephone Number:	□ Yes □ No	From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To: Final Hourly Rate/Salary:				
Address: Telephone Number: Job Title: Reason for Separation: May we contact? Employer: Address: Telephone Number: Job Title:	□ Yes □ No	From: To: Final Hourly Rate/Salary: Work Performed: Dates Employed From: To: Final Hourly Rate/Salary:				

EMPLOYMENT REFERENCES

List at least 4 references who are familiar with your employment record and performance. Do not include family members or previous supervisors.

Name	· · · · · · · · · · · · · · · · · · ·	Positi	ion or Title	Telephone Number
1.				
2.				
3.				
4.				
Describe any specialized tra- considering your application	_	lls, or any addition	al information you fee	l may be helpful to us in
DRIVER LICENSE NUMBER			SOCIAL SECU	JRITY NUMBER
Number S	State	Expiration		
Police Officer applicants only (Are you at least 21 years of ago Are you certified by the Ohio OPOTC certification do Academy:	ge? Ye Peace Off ate:	s 🔲 No icer Training Comm		
Firefighter applicants only (See		•	an2	
Do you currently have your OhiIf yes, certification #		•		completed?
Do you currently have your Ohi	o EMS cei	rtification? Yes	□ No	
 If yes, certification # 		Paramed	lic □ Advanced □ EN	ИΤ

Please provide a copy of your high school diploma, college degree or transcript, and police or fire certification/documentation attesting to be certified.

Applicant's Statement and Waiver to Release Information

I certify and affirm that all answers contained herein are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Clearcreek Township.

I hereby authorize and request all persons to whom this request (*original or reproduction*) is presented, having information relating to or concerning me, to furnish such information to a duly authorized representative of Clearcreek Township. I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory or common law privileges. I hereby expressly waive all privileges that may attach to such communication or disclosure and release all persons, firms, and corporations from all claims, of any nature, as a result of said communication or disclosure. Information to be disclosed: medical records, mental records, financial records, criminal history information, polygraph examination, educational records, previous controlled substance records, organizational memberships, past or present employment records, any background material / information relevant to reputation; or moral character.

I release Clearcreek Township, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

At the discretion of Clearcreek Township, and to the extent permitted by law, I consent to complete a personal history evaluation, physical fitness assessment, polygraph examination(s), alcohol/drug screen, medical examination and psychological assessment conducted by qualified practitioners. I request that the examining doctor disclose to Clearcreek Township the results of the examination that shall remain confidential to the extent permitted by law. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory completion of such testing, and if I am hired a condition of my employment will be that I abide by Clearcreek Township's Drug and Alcohol Policy.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract or relationship unless otherwise provided for by applicable law. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, which means the employment relationship may be terminated at any time, with or without cause and without prior notice, at the option of either myself or Clearcreek Township, unless otherwise provided for by applicable law.

If hired, I agree to abide by all Clearcreek Township work related policies, procedures, rules and regulations. Clearcreek Township retains the right to revise its policies, procedures, rules and regulations, in whole or in part, at any time.

This application	for	employment	shall	be	considered	active	for	a period	of time	not	to	exceed	6
months													

Applicant Signature:	Date:	
6		