

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. Aug 2025

Position(s) Applied	Date	Date of Application:						
Last Name:		First Name	e:		Middle	Name:		
Street Address:			State:		p Code:			
Telephone Number: Email address:								
Are eligible to work Are you over 18 ye						□ Yes		□ No
Have you ever filed an application with us before? Have you ever been employed with us before?						□ Yes		□ No □ No
= '	n employed with	us before?				□ 1C3		_ 110
= '	o work:						ime	☐ Part-Tin
Have you ever been Are you available to On what date woul	o work:						ime	
Have you ever been	o work: ld you be availab Name and lo	le for work?	# of years	Course	e of Study	□ Full-T	Dipl	□ Part-Tin
Have you ever been Are you available to On what date woul	o work: ld you be availab	le for work?		Course	of Study	□ Full-T		□ Part-Tin
Have you ever been Are you available to Dn what date would DUCATION	o work: ld you be availab Name and lo	le for work?	# of years	Course	e of Study	□ Full-T	Dipl	□ Part-Tin
Are you ever been here you available to the on what date would be	o work: ld you be availab Name and lo	le for work?	# of years	Course	e of Study	□ Full-T	Dipl	□ Part-Tin

EMPLOYMENT EXPERIENCE

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

Employer:		Dates Employed
		From: To:
Address:		Final Hourly Rate/Salary:
Telephone Number:		Work Performed:
Job Title:	Supervisor:	
Reason for Separation:	1	
May we contact?	□ Yes □ No	
Employer:		Dates Employed From: To:
Address:		Final Hourly Rate/Salary:
Telephone Number:		Work Performed:
Job Title:	Supervisor:	
Reason for Separation:		-
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May we contact?	□ Yes □ No	
- 1		
Employer:		Dates Employed From: To:
Employer: Address:		
		From: To:
Address:	Supervisor:	From: To: Final Hourly Rate/Salary:
Address: Telephone Number:	Supervisor:	From: To: Final Hourly Rate/Salary:
Address: Telephone Number: Job Title:	Supervisor:	From: To: Final Hourly Rate/Salary:
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Address: Telephone Number: Job Title: Reason for Separation: May we contact?		From: To: Final Hourly Rate/Salary: Work Performed:
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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: Reason for Separation:	□ 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		Positio	n or Title	Telephone Number
1.				
2.				
3.				
4.				
Describe any specialized considering your applica	_	ills, or any additiona	l information you fee	l may be helpful to us in
5 / · · · · p.p.				
Drivers License Number	State	Expiration	Social Secur	ity Number
Police Officer applicants or				
Are you at least 21 years of Are you certified by the Ol			sion? Yes No	
 OPOTC certificatio 			_	
If no, when do you	expect to h	ave it completed?		
Firefighter applicants only	(See attache	d qualifications.)		
Do you currently have your	Ohio Level II	Firefighter certificatio		
				completed?
Do you currently have your			□ No c □ Advanced □ EN	ЛΤ
i yes, certification	т <u></u>	i Faraineun	L Auvanceu LI EN	/ 11

POLICE OFFICER AND FIREFIGHTER APPLICANTS ONLY

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	employme	nt s	hall	be	considered	active	for	а	period	of	time	not	to	exceed	6
months.																

Applicant Signature:	Date: