



FAIRFIELD TOWNSHIP, BUTLER COUNTY, OHIO
 6032 Morris Road, Fairfield Twp., Ohio 45011
 Employment Application

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
Referral Source:		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Job line	<input type="checkbox"/> Relative
		<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employee	<input type="checkbox"/> Friend
Do you have any relatives working for Fairfield Township?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?
Have you worked for Fairfield Twp 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, QUALIFICATIONS & CERTIFICATIONS

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

EDUCATION

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

