



Employment Application

3780 Little York Road, Dayton, OH 45414 www.butlertownship.com

Butler Township is an Equal Opportunity Employer. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position (s) Applied For: _____ Date of Application: _____

Fire EMS Both

Personal Information

Social Security Number: - -

Type of employment desired Volunteer Full-Time Part-Time

Name: _____
(Last) (First) (Middle)

Address: _____
(Street and/or P.O. Box)

(City) (State) (Zip Code)

Driver's License Number: _____ (Home) Class _____ (Work) State _____ (Other)

Are you at least 18 years of age? yes no

Have you ever been employed by Butler Township? yes no

If yes, give department and date _____

Do you have any relatives employed by the township? yes no

If yes, who and what department do they work for? _____

Are you legally eligible for employment in the United States? yes no

Date available for work: ____/____/____

Are you currently employed? yes no

If yes, may we contact your employer? yes no

Have you been convicted of a misdemeanor? yes no

If yes, provide explanation: _____

Have you been convicted of a felony in the last five years? yes no

(A felony record will only be considered as it relates to the job being applied for)

If yes, provide explanation: _____

Employment Experience (professional resume can substitute the following information)

Start with your current or most recent job through the last ten years. Attach additional pages if necessary. All sections must be completed.

Please describe the duties you have performed which demonstrate the knowledge, skills and abilities to perform the duties of which you are applying.

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (<i>Street, City, State, Zip</i>)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (<i>Street, City, State, Zip</i>)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
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Employer	Dates Employed (MM/YYYY)	
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Address (<i>Street, City, State, Zip</i>)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Education

Do you have a high school diploma, GED Certificate or equivalent?

yes

no

College	City, State	Course of Study	Years Completed	Degree
Graduate School	City, State	Course of Study	Years Completed	Degree
Other (please specify military, business, trade)	City, State	Course of Study	Years Completed	Degree or Certificate Earned

Training and Other Qualifications

Please list any training which you have received which may be relevant to the city position for which you are applying.

Additional Information

Specialized Skills: Check any of the following that you are proficient in

Computer Software _____

Ohio Peace Officer Certified

Office Equipment _____

CDL

Heavy Equipment _____

Typing _____ wpm

EMS: Certification # _____ Level: _____

FIRE: Certification # _____ Level: _____

Summarize other special skills and qualifications you possess which are related to the position applied for:



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Permission for release of information for personal history evaluation for employment with Butler Township

I hereby give my permission for authorized representatives of Butler Township to conduct an investigation/inquiry of my background, including education, employment, credit, military record and any other factors which representatives may deem proper and necessary subjects of investigation/inquiry in order to properly assess my character, reputation and background in connection with my application for employment with the Butler Township.

I give my permission for any person, business or institution contacted in the course of such investigation/inquiry to release any and all information properly requested, and copies of same if requested, and do hereby release any such person, business or institution for all liability for providing correct, documented and truthful information.

(Applicant Signature)

(Print Name)

Social Security Number: _____ - _____ - _____

Witness:

(Signature and Title)

(Print Name and Title)