

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:		
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:		
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

Ohio Certifications: # _____ Expiration Date: _____

Indicate your level of certification

EMS: _____ EMT _____ Advanced EMT _____ Paramedic

FIRE: _____ Level I _____ Level II

Inspector: _____ Yes _____ No

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

Revised 3/24/16

References

Persons not related to you

1. _____
(Name) (Address) (Phone Number)

2. _____
(Name) (Address) (Phone Number)

3. _____
(Name) (Address) (Phone Number)

By my signature below, I certify that all answers given in this application are true and complete. I understand that if any information in this application is found to be false or intentionally misleading or excluded, I may be ineligible for further consideration, or if already employed, my employment may be terminated.

I understand that if I am selected for employment, my employment is conditioned upon passing a pre-employment physical and drug test and may also, depending upon the position I am applying for, be conditioned upon passing a criminal background check.

Information discovered during the background process is subject to public records release as allowed by law.

I understand that if I am employed, I may be required to work evening shift, night shift, weekends and/or be on-call and be required to work mandatory overtime.

I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with Butler Township, my continued employment is conditioned upon my maintaining the operator's license required for such position.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date: _____



3510 Sudachi Drive, Dayton, OH 45414

www.butlertownship.com

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)