

Ashtabula Township
2718 North Ridge Road East
Ashtabula, Ohio 44004
(440) 993-8351

Application for Employment
(An Equal Opportunity Employer)

Name: _____ Social Security # _____
Last First Middle

Address: _____
Number Street Apt. #

City State Zip

Telephone: Home () _____ Work () _____

Application Date: _____

Position Applied For: _____ Full Time () Part Time () Both FT/ PT ()

Have you ever been employed by Ashtabula Township before? Yes _____ No _____

If "Yes" is checked Date: _____ Department _____

What position: _____

Have you ever been previously employed in the service of a governmental agency, state, county, municipality, or township? Yes _____ No _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Will any shift schedule be acceptable? Yes _____ No _____

What date will you be available to begin working? _____

Employment Experience

Starting with your present or last position, list your employers. In addition, include any military service assignments and/or voluntary activities. Exclude from this list, organizations, the name, which indicate race, creed, color, religion, sex, or national origin of the organization.

Date Month Year	Name/ Address/ Telephone # of Employer	Position	Supervisor	Reason for Leaving
From:				
To:		Salary Start:		Salary End:
Work Performed				

Date Month Year	Name/ Address/ Telephone # of Employer	Position	Supervisor	Reason for Leaving
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From:				
To:		Salary Start:		Salary End:
Work Performed				

References

List three (3) references who are not related to you and are not your previous employers

1.			
	Name	Address	Telephone Number
2.			
	Name	Address	Telephone Number
3.			
	Name	Address	Telephone Number

Education

	Elementary	High School	College/University	Graduate/ Professional
School Name Location				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Course of Study				
Describe any Specialized Training; Skills; Apprenticeships; and Extra Curricular Activities that you have received				

Please list any professional or technical licenses; permits; etc. that you may have. Please show the City, County or State in which these are registered. (Use back page if more room is needed)

Additional Information

The following information will be used only if it is directly related to the position for which you are applying.

1. If the position you are applying for requires a valid Ohio Driver's License, do you have one?
Yes ____ No ____
License # _____
2. Are you willing and able to secure an Ohio Driver's License, if a license is required?
Yes ____ No ____
3. Have you ever been convicted of any felony? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)
Yes ____ No ____
4. Can you perform the job-related duties, requirements and/or functions of the specific job for which you are applying? Yes ____ No ____
(Do not answer this question unless you have been informed about the duties, requirements and/or functions of the position for which you are applying.)

IN CASE OF EMERGENCY, NOTIFY THE FOLLOWOING PERSON:

Name	Address	City	State	Zip	Phone#
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I certify and solemnly swear that all the information submitted by me on this application is true and complete to the best of my knowledge and belief.

Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

Date interviewed: _____ Interviewed by: _____

Remarks: _____

Hired: Yes () No () Position: _____ Dept: _____

Starting Date: _____ Starting Wage: _____