



SYLVANIA TOWNSHIP ROAD & SERVICE DEPARTMENT

4927 Holland Sylvania Road
 Sylvania, OH 43560-1958
 419-882-0031 Administration
www.sylvaniatownship.com/Road

Sylvania Township is committed to a policy of fully complying with all applicable federal, state and local laws, rules and regulations prohibiting discrimination on the basis of race, color, national origin, sex, sexual orientation, genetic information, religion, age, disability or military status in employment or the provision of services.

Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this application will be subject to all applicable public records laws.

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address				Apartment/Unit #
City		State		ZIP
Phone		E-mail Address		
Alternate Phone		Social Security No.		Position applied for
Driver's License	State:	License #:	Expiration Date:	
Are you authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you currently have a commercial driver license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what type?
Do you have any relatives that work for Sylvania Township?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you currently use any form of tobacco products?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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	
Vocational/Training			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	
SPECIAL ACCOMPLISHMENTS OR ANY ADDITIONAL INFORMATION YOU WISH TO BE CONSIDERED				

Please give an accurate, full-time and part-time employment record.
 Start with your present or most recent employer.

PREVIOUS EMPLOYMENT			
Employer		Phone ()	
Address		Supervisor	
Job Title	Hours Worked Per Week	Ending Rate of Pay \$	
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	Hours Worked Per Week	Ending Rate of Pay \$	
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	Hours Worked Per Week	Ending Rate of Pay \$	
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	Hours Worked Per Week	Ending Rate of Pay \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

CERTIFICATES AND LICENSES

Type	Expiration Date
License Number	Issuing Agency
Type	Expiration Date
License Number	Issuing Agency
Type	Expiration Date
License Number	Issuing Agency

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

If other than honorable, explain.

REFERENCES

Please list three persons who have knowledge of your experience and qualifications, preferably current or previous supervisors, co-workers, instructors, etc. Do not include relatives.

Full Name	Relationship
Address	Phone ()
Yrs. Acquainted	
Full Name	Relationship
Address	Phone ()
Yrs. Acquainted	
Full Name	Relationship
Address	Phone ()
Yrs. Acquainted	

DISCLAIMER AND SIGNATURE

1. I certify that my answers are true and complete to the best of my knowledge.
2. In the event of employment, I understand that false or misleading information given in my application may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.
3. In consideration of prospective employment, I authorize Sylvania Township to investigate information supplied by me and to inquire as allowed by law, in regards to my background, including academic, occupational, and criminal records.
4. I agree and understand that an employment offer is conditional upon the results of a post-offer medical examination, which may include psychological, drug, alcohol and nicotine tests.
5. **I understand, acknowledge and hereby consent to each of the above statements and conditions.**

Signature	Date
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Printed Name
