



BOARDMAN TOWNSHIP

8299 Market Street
Boardman, Ohio 44512
P: 330.726.4177
www.BoardmanTwp.com

APPLICATION FOR EMPLOYMENT

(Please Fill Out Entirely in Type or Legible Print)

Date: _____ Position Title: _____

APPLICANT INFORMATION		
Name:		
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:
Are you over 18 years old? : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a US Citizen or otherwise eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relatives employed by Boardman Township? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, who?</i>		

EDUCATION AND TRAINING				
	School Name and Address	Major	Degree Earned	Highest Level Completed
High School				
College or Trade School				
Graduate School				
Other				

OTHER SKILLS
Please list additional skills, specialized trainings, or certifications not already listed on this application:


REFERENCES			
You must provide at least three (3) professional references. Do not list relatives.			
Name	Address	Phone	Occupation

EMPLOYMENT HISTORY	
PRESENT OR LAST POSITION	
Position Title:	Dates of Employment: _____ to _____
Company Name:	Supervisor:
Job Duties:	
Reason for leaving:	Salary or Wage: \$ _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECOND LAST POSITION	
Position Title:	Dates of Employment: _____ to _____
Company Name:	Supervisor:
Job Duties:	
Reason for leaving:	Salary or Wage: \$ _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
THIRD LAST POSITION	
Position Title:	Dates of Employment: _____ to _____
Company Name:	Supervisor:
Job Duties:	
Reason for leaving:	Salary or Wage: \$ _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE (Optional)	
Have you had any military service in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Branch of Service:	Service Period: _____ to _____
Rank at Discharge:	Division:
Principal Duties:	

APPLICANT SIGNATURE

I affirm that all answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief, and that intentional deception herein may be considered as sufficient cause for disqualification or dismissal if employed. As such, I do hereby authorize Boardman Township or its representative to complete a background investigation, including but not limited to a credit reference.

 **Signature of Applicant:** _____ **Date:** _____

**Refer to the position posting to determine where the application must be sent.
Incorrectly received or incomplete applications will not be processed.
This application will be kept on file for six (6) months by the department you are applying to.**

Revised: 8/18/2021