



FOR OFFICE USE ONLY:

initial and date

BOARDMAN TOWNSHIP
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

TODAY'S DATE: _____

POSITION APPLYING FOR: _____

NAME: _____
Last First MI

ADDRESS: _____
Number Street City State Zip

PHONE: (____) _____ Are you over eighteen years of age? ____ Yes ____ No

Are you a U.S. citizen or otherwise eligible to work in the United States? ____ Yes ____ No

How did you hear about this position? _____

Do you have any relatives employed by Boardman Township? ____ Yes ____ No If yes, who? _____

EDUCATION AND TRAINING

	SCHOOL NAME AND ADDRESS	MAJOR	DEGREE EARNED	HIGHEST LEVEL COMPLETED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL OR TRADE SCHOOL				
OTHER				

Please use the space below for an explanation of additional skills, tools or specialized training you may have received. (For example: office machines, specialized certifications or licenses, hand tools, machinery, etc.)

REFERENCES

Please list the names and addresses of three persons we may contact for a professional recommendation. (Do not list former employers or relatives.)

NAME	ADDRESS	PHONE	OCCUPATION

EMPLOYMENT HISTORY

PRESENT OR LAST POSITION

Company Name and Address (_____) Phone _____

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____ Supervisor _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes No

JOB TITLE: _____ JOB DUTIES: _____

REASON FOR LEAVING: _____ SALARY: _____

SECOND LAST POSITION

Company Name and Address (_____) Phone _____

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____ Supervisor _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes No

JOB TITLE: _____ JOB DUTIES: _____

REASON FOR LEAVING: _____ SALARY: _____

THIRD LAST POSITION

Company Name and Address (_____) Phone _____

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____ Supervisor _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes No

JOB TITLE: _____ JOB DUTIES: _____

REASON FOR LEAVING: _____ SALARY: _____

MILITARY SERVICE (OPTIONAL)

Have you had any military service in the U.S. Armed Forces? ____ Yes ____ No
If Yes, Branch of Service: _____ Dates of Service: From: MO/YR _____ To: MO/YR _____

Principle Duties: _____

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 to complete a background investigation including credit references.

Signature of Applicant: _____ Date: _____

THIS APPLICATION WILL BE KEPT ON FILE FOR SIX (6) MONTHS. THANK YOU FOR YOUR INTEREST IN BOARDMAN TOWNSHIP.