



# Employment Application

3510 Sudachi Drive, Dayton, OH 45414 [www.butlertownship.com](http://www.butlertownship.com)

*Butler Township is an Equal Opportunity Employer. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.*

PLEASE PRINT

Position (s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Admin

Service

Police

Fire

## Personal Information

Type of employment desired

Seasonal

Full-Time

Part-Time

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street and/or P.O. Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 18 years of age?

yes

no

Have you ever been employed by Butler Township?

yes

no

If yes, give department and date \_\_\_\_\_

Do you have any relatives employed by the township?

yes

no

If yes, who and what department do they work for? \_\_\_\_\_

Are you legally eligible for employment in the United States?

yes

no

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed?

yes

no

If yes, may we contact your employer?

yes

no

**Employment Experience (professional resume can substitute the following information)**

Start with your current or most recent job through the last 20 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 (Street, City, State, Zip)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (Street, City, State, Zip)		
	Starting Salary	Ending Salary
Telephone Number		
Job Title	Supervisor	
Duties and Responsibilities:		
Reason for leaving:		

Employer	Dates Employed (MM/YYYY)	
	From	To
Address (Street, City, State, Zip)		
	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 Township position for which you are applying.

**Additional Information**

**Specialized Skills:** Check any of the following that you are proficient in

- Computer Software \_\_\_\_\_
- Office Equipment \_\_\_\_\_
- Heavy Equipment \_\_\_\_\_
- Ohio Peace Officer Certified
- CDL
- 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:**

**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: \_\_\_\_\_



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## 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:    -   -

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_

Witness: \_\_\_\_\_  
(Signature and Title)

\_\_\_\_\_  
(Print Name and Title)