

TRUMBULL TOWNSHIP

Application for Employment

Applying for: Full Time [] Part Time [X] Seasonal []

All statements and questions are to be completed; the answers will be confidential.

1. PERSONAL INFORMATION

Your name in full _____
LAST FIRST INITIAL

Your address _____
STREET CITY STATE ZIP

Social Security Number _____ Home phone number _____

Other phone number where you could be reached _____

2. WORK EXPERIENCE

Give your full employment record – start with your current or most recent employment: (Please see last page regarding contacting these firms).

NAME AND ADDRESS OF PREVIOUS EMPLOYER	PERIOD OF EMPLOYMENT (Month – Year)	COMPLETE THE FOLLOWING	REASON FOR LEAVING
FIRM	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
CITY	PHONE	SUPV'S NAME	SALARY

FIRM	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
CITY	PHONE	SUPV'S NAME	SALARY

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FIRM	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
CITY	PHONE	SUPV'S NAME	SALARY

FIRM	FROM	KIND OF BUSINESS	
ADDRESS	TO	POSITION	
CITY	PHONE	SUPV'S NAME	SALARY

3. EDUCATION

Give record of all High Schools, Colleges, Universities, Trade Schools, and Special Schools you have attended.

Name of School, Colleges, University, Trade School, etc.	Address	Course taken	Period of Attendance

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ANSWER THESE QUESTIONS ONLY IF EMPLOYER HAS CHECKED THE APPROPRIATE BOX.

[X] Driver's License Number _____ State Issuing License _____

[X] List all traffic violations in past 5 years resulting in a conviction.

[X] Describe all traffic accidents in past 5 years.

[X] Have you ever been convicted of a felony? [] Yes [] No

If yes, please describe in full, identify the jurisdiction, and identify the crime.

(Applicant, please note that a conviction of a crime is not an automatic bar to employment. – All circumstances will be considered).

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5. PERSONAL REFERENCES (Other than previously listed).

Give the name, address and phone numbers of persons who know you (not relatives or township employees), who we have your permission to contact.

Name_____	Name_____	Name_____
Address_____	Address_____	Address_____
_____	_____	_____
Phone #_____	Phone #_____	Phone #_____
Business or Position_____	Business or Position_____	Business or Position_____
Years Known_____	Years Known_____	Years Known_____

6. EMPLOYMENT DESIRED

Position being applied for?_____When can you report for work?_____

If you are presently employed, may we contact employer? [] Yes [] No

What salary do you expect (approximate)?_____

Have you ever been employed by the Township or any other public entity? [] Yes [] No

If Yes, please complete the following:

Public entity:_____ Dates employed_____ to_____

Department_____Supervisor_____

Reason for termination of
employment_____

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7. PLEASE READ VERY CAREFULLY

In making this application for employment an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or other acquaintances. Such an inquiry would include information as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Township.

If employed, I agree to hold in strictest confidence any information concerning the Company, its Insured's, and its Agents which may come to my knowledge.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Township, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Township or myself. I understand that no representative of the Township has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that completion of the Application For Employment does not guarantee that I have been employed by this Township.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Township until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that the Township requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Township's discretion.

SIGNED _____ **DATE** _____