



PORTER TOWNSHIP APPLICATION FOR EMPLOYMENT

1535 Dogwood Ridge Road, P.O. Box 427 ~ Wheelersburg, Ohio 45694

Porter Township is an Equal Opportunity Employer. Employment decisions are made without regard to race, sex, natural origin, disability, religion, age (where applicable by law), or color.

(PLEASE PRINT)

Position Being Applied For:

JOB TITLE: _____ FULL-TIME PART-TIME

DEPARTMENT: Road & Bridge Fire E.M.S. Other

Personal Information

NAME (Legal): _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

PHONE #: (____) _____ SOCIAL SECURITY #: _____ - _____ - _____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWNSHIP BEFORE? YES NO DATE: _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT IN THE TOWNSHIP BEFORE? YES NO DATE: _____

DO YOU HAVE THE LEGAL RIGHT TO LIVE AND WORK IN THE U.S.? YES NO

ARE YOU OVER 18 YEARS OF AGE? YES NO

PLEASE LIST ANY RELATIVES EMPLOYED BY THE TOWNSHIP:

NAME: _____ DEPT.: _____ RELATIONSHIP TO YOU: _____

NAME: _____ DEPT.: _____ RELATIONSHIP TO YOU: _____

IF YES, EXPLAIN: _____

License, Registration, & Certificates

(BE SURE TO INCLUDE ANY VALID DRIVERS LICENSE OR COMMERCIAL DRIVERS LICENSE IF REQUIRED FOR THE JOB TITLE)

License/Certification Issued by	Field/Trade/Specialization	License/Certification Number	Expires

Education

	High School	College/University	Other (Specify)
School Name And Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any Honors Received			

Fire and EMS Related Training - ** PLEASE ATTACH COPIES OF CERTIFICATION CARDS TO APPLICATION. **			
EMT – BASIC	Year Completed:	Certification Number:	Institution/Location:
Paramedic	Year Completed:	Certification Number:	Institution/Location:
Firefighter 1A	Year Completed:	Certification Number:	Institution/Location:
Firefighter, Other	Level: Year Completed:	Certification Number:	Institution/Location:
HazMat	Level: Year Completed:	Institution/Location:	

Describe any other specialized training or qualifications you have relating to the position applied for:

List special equipment or machines you can operate: _____

List computer software in which you have skills, word processing, spreadsheet and database programs. Please indicate the name of the specific software: _____

List special clerical skills, including typing and shorthand/speedwriting: _____

List any additional relevant skills you have: _____

References

List three persons, other than supervisors listed in the *Employment Experience* section, which are not related to you by blood or marriage, whom we are free to contact and who have knowledge of your character, experience, or ability. Persons familiar with your present or past job performance are strongly preferred.

FULL NAME	COMPLETE ADDRESS	OCCUPATION	PHONE #

Employment Experience

List your work history. Start with your **PRESENT** or **LAST** job. Include military service assignments.

NOTE: In order to be considered for employment, you must fill in the information below accurately and completely. You may submit a resume **IN ADDITION** to completing this section.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

1.

EMPLOYER	FROM	TO	JOB DUTIES
	MONTH/DAY/YEAR	MONTH/DAY/YEAR	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
NAME OF SUPERVISOR	PHONE NUMBER		
REASON FOR LEAVING			

2.

EMPLOYER	FROM	TO	JOB DUTIES
	MONTH/DAY/YEAR	MONTH/DAY/YEAR	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
NAME OF SUPERVISOR	PHONE NUMBER		
REASON FOR LEAVING			

3.

EMPLOYER	FROM	TO	JOB DUTIES
	MONTH/DAY/YEAR	MONTH/DAY/YEAR	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
NAME OF SUPERVISOR	PHONE NUMBER		
REASON FOR LEAVING			

4.

EMPLOYER	FROM	TO	JOB DUTIES
	MONTH/DAY/YEAR	MONTH/DAY/YEAR	
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
NAME OF SUPERVISOR	PHONE NUMBER		
REASON FOR LEAVING			

Emergency Contact Information

NAME OF CONTACT _____ RELATIONSHIP _____

ADDRESS _____
NUMBER/STREET CITY STATE ZIP

HOME PHONE# (____) _____ - _____ WORK PHONE#(____) _____ - _____

Release and Authorization

PLEASE READ CAREFULLY

I certify that the 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. I understand if this application is not completed in full, it will not be processed, and I will be automatically disqualified. I hereby waive all provisions of law forbidding my physician and other person who has attended or examined me or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she acquired relevant to my employment following disclosure by me of any disabilities which may prevent me from performing the essential functions of the job for which I've applied. I hereby consent that he or she may disclose such knowledge or information to township personnel in consideration of an offer of employment or during my employment with Porter Township. I understand that this application may raise questions regarding my past work and education record, and that the organizations' agents and employees may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed. By signing this waiver, I expressly authorize Porter Township, Wheelersburg, Ohio to make an inquiry of my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Porter Township's designated agents with this information upon their request.

If your records may be under another name, please include that name: _____

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of the township. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and successful passage of the township prescribed physical examination and criminal background check.

I understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon proper notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

By signing this waiver, I expressly authorize Porter Township to obtain an abstract of my driver's license or commercial driver's license record, so that my qualifications for employment may be reviewed. In the event that I am hired, I also authorize Porter Township to continue to obtain this information during my employment with the township.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PHYSICAL EXAMINATION FINANCIAL RESPONSIBILITY STATEMENT

If I am granted an offer of employment, I hereby agree to assume personal responsibility for the payment of any or all of the costs of my physical examination, should I not complete all parts of the physical examination as scheduled by the Porter Township Trustees. I understand that the township will pay all costs associated with the physical examination if I complete all parts, even if I am not successful in any part. The total cost of the various components of the physical examination is currently \$725.00.

SIGNATURE OF APPLICANT: _____ **DATE:** _____