



17826 Chillicothe Road  
Chagrin Falls, OH 44023  
440.543.9871

## APPLICATION FOR EMPLOYMENT

We appreciate your interest in Bainbridge Township (the "Township"). The Township is an equal employment opportunity employer. The Township's policy is not to discriminate against any applicant or employee based on race, color, sex, sexual orientation, gender identity, religion, national origin, age (40 and over), disability, military status, genetic information or any other basis protected by applicable federal, state, or local laws. The Township also prohibits harassment of applicants or employees based on any of these protected categories. It is also the Township's policy to comply with all applicable federal, state and local laws respecting consideration of unemployment status in making hiring decisions.

### GENERAL INFORMATION

Please complete all requested information. Use ink and print.

Today's Date:	Position Applying For:	
Name (Last)                      (First)                      (Middle)	Minimum Salary Desired	Date Available for Work
Street Address	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City                                      State                                      Zip	Telephone (Home)	Telephone (Work)
Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide the other name(s):	Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, are you available weekdays?                      weekends?  (You do not need to disclose scheduling restrictions related to your religion, a disability or a medical condition)	
Have you previously worked for or applied for a position with the Township either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain when and, if employed, in what capacity:	Are you related to or in a close personal relationship with anyone now employed at the Township? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, state name(s) and where they are located.	

### PERMISSION TO WORK

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)?  Yes  No

### REFERRAL INFORMATION

How did you learn about the Township?

- |  |  |
|--|--|
| <input type="checkbox"/> Employment Agency (state name): _____ | <input type="checkbox"/> School (state name): _____          |
| <input type="checkbox"/> Reputation of Firm _____              | <input type="checkbox"/> Newspaper ad (name of paper): _____ |
| <input type="checkbox"/> Referral (state name): _____          | <input type="checkbox"/> Other: _____                        |

## WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

<b>1</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

<b>2</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

<b>3</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                      Last
	Job Title, and Work Responsibilities	Reason for Leaving:

*(Employment record continued on next page.)*

## WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

<b>4</b>	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name, Title, and Phone Number of Supervisor	Monthly Wages Start                      Last
	Job Title and Work Responsibilities	Reason for Leaving:

**All employers including your current employer may be contacted to verify the information you provide.** May we contact your current employer prior to any offer of employment? Yes  No

## PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

Name	Occupation	Phone	Address	Years Known and Capacity

## EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

School	Name and Location of School	Number of Years Completed	Degree	Type of Course/Major
Graduate				
College				
High School				
Business/Trade/ Technical				

## JOB-RELATED SKILLS AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

## ADDITIONAL EMPLOYMENT INQUIRIES

**If applying for a position that will include driving:**

If hired, can you provide a valid driver's license?  Yes  No

If hired, and required for the position, can you provide a valid CDL?  Yes  No

If hired, you may be required to provide evidence of insurance or insurability.

Emergency Contact Person

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPLICANT'S STATEMENT & ACKNOWLEDGMENT**

**THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.**

Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: \_\_\_\_\_ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Township, I **will be an at-will employee**, unless otherwise provided in an applicable collective bargaining agreement, meaning that either the Township or I may end the employment relationship at any time with or without cause or notice. I understand that only the Board of Trustees of Bainbridge Township, and no manager, supervisor, or other representative of the Township, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the Board of Trustees, any such agreements must be in writing and signed by the Board of Trustees and by me or my authorized representative.

Initial: \_\_\_\_\_ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by the Township.

Initial: \_\_\_\_\_ I understand that the Township may share the information contained in this application with other Township employees for employment and administrative purposes and hereby consent to such transfer.

Initial: \_\_\_\_\_ I hereby authorize, to the extent allowed by applicable federal state and local laws, the Township to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Township information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: \_\_\_\_\_ I agree to undergo a pre-employment physical examination consistent with federal and state law.

Initial: \_\_\_\_\_ I agree to submit to legally permissible drug testing upon an offer of employment from the Township and prior to starting work. I agree that any offer of employment is contingent upon my receiving a result satisfactory to the Township.

**My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Township and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Township and me on such issues.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.