

Date received \_\_\_\_\_

**GRANVILLE TOWNSHIP TRUSTEES  
BOX 315, GRANVILLE OH 43023-0315  
APPLICATION FOR EMPLOYMENT**

*Print Clearly. Press firmly and answer all questions  
Attach supplemental pages if necessary.*

*Employment applications are maintained in an active file for a period of 90 days after receipt*

1. Name \_\_\_\_\_  
Last First Middle Initial

Have you ever been known under any other name Yes/No? Other name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

2. Telephone Number \_\_\_\_\_  
Home Alternate

3. E-mail Address \_\_\_\_\_

4. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Class License  
Driver's License No. \_\_\_\_\_ State \_\_\_\_ D\_\_ CDL\_\_ Exp Date \_\_\_\_\_

5. Position or type of work for which you are applying \_\_\_\_\_  
\_\_\_\_\_

6. When will you be available? \_\_\_\_\_

7. Applying for: Full-time \_\_\_\_\_ Part-time/Intermittent \_\_\_\_\_ Volunteer \_\_\_\_\_

8. Have you worked for Granville Township \_\_\_\_\_, the State of Ohio \_\_\_\_\_, or any other  
political subdivision \_\_\_\_\_ before? If yes, when? \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

9. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you have legal authorization to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

11. Emergency Contact: Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_

12. Military Service Information – Branch of Service: \_\_\_\_\_  
 Type of Separation \_\_\_\_\_ Served from: \_\_\_\_\_ To: \_\_\_\_\_  
 Highest Rank Achieved \_\_\_\_\_  
 Job Title \_\_\_\_\_ Duties \_\_\_\_\_  
 Reserve or National Guard Status \_\_\_\_\_

13. Employment History - Account for ALL TIMES for the past TEN years, including periods of unemployment. INDICATE NAME USED IF OTHER THAN SIGNATURE ON THIS APPLICATION. Begin with **PRESENT** position or occupation. In addition, list any other QUALIFYING experience PRIOR to last 10 years. (If you Need additional room, USE A SEPARATE SHEET OF PAPER) A RESUME is both welcomed and urged in addition to completion of this application. It will become an official part of this application.

A. Employer Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street City State Zip  
 Supervisor’s Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
 Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y\_\_ N\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving, if not currently employed \_\_\_\_\_

B. Employer Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street City State Zip  
 Supervisor’s Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
 Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y\_\_ N\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving, if not currently employed \_\_\_\_\_

C. Employer Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Street City State Zip  
 Supervisor’s Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
 Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y\_\_ N\_\_  
 Duties \_\_\_\_\_  
 Reason for Leaving, if not currently employed \_\_\_\_\_

D. Employer Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
   Street  City  State  Zip  
 Supervisor's Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
 Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y\_\_ N\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving, if not currently employed \_\_\_\_\_

E. Employer Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
   Street  City  State  Zip  
 Supervisor's Name \_\_\_\_\_ Hourly wage \_\_\_\_\_  
 Your job title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ May we contact? Y\_\_ N\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving, if not currently employed \_\_\_\_\_

14. Education

Name of High School \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Did you graduate? Yes \_\_\_\_ No \_\_\_\_ GED obtained? Yes \_\_\_\_ No \_\_\_\_  
 Course of Study \_\_\_\_\_ Graduation Year \_\_\_\_\_  
A copy of your H.S. Diploma or Certificate of Equivalent must be submitted with this application.

Name of College/Program \_\_\_\_\_  
 City/ State/ Zip \_\_\_\_\_  
 Did you graduate? Yes \_\_\_\_ No \_\_\_\_ Dates attended: from \_\_\_\_\_ to \_\_\_\_\_  
 Course of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

Name of College/Program \_\_\_\_\_  
 City/ State/ Zip \_\_\_\_\_  
 Did you graduate? Yes \_\_\_\_ No \_\_\_\_ Dates attended: from \_\_\_\_\_ to \_\_\_\_\_  
 Course of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

Name of College/Program \_\_\_\_\_  
 City/ State/ Zip \_\_\_\_\_  
 Did you graduate? Yes \_\_\_\_ No \_\_\_\_ Dates attended: from \_\_\_\_\_ to \_\_\_\_\_  
 Course of Study \_\_\_\_\_ Type of Degree \_\_\_\_\_

15. References: *Do not use relatives or past employers listed previously.* These people should be able to speak to your qualifications for employment with Granville Township.

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Name	Address	Tel No.
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Name	Address	Tel No.
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Name	Address	Tel No.
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16. Please explain any additional knowledge, skills and abilities not previously discussed which may be of qualifying nature or helpful to you in establishing your eligibility for employment. Include projects, hobbies, community or volunteer activities, etc. Exclude those that would indicate race, color, religion, national origin.

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17. For positions in the Fire and EMS department complete the following for any certifications.

Type of Certification	Certification No.	Expiration Date	Copy Attached
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**18. Attention: Read the following statement before signing this application:**

**As an applicant for employment with Granville Township, Granville OH, I understand and agree that the Township may make a thorough investigation of my past employment and activities. This may include, but not be limited to, a motor vehicle operator’s license record check, verifications of any qualifications and obtaining a copy of credit reports. I acknowledge that criminal background checks may be performed, pursuant to ORC 505.381 and ORC 4765.301 on all applicants for fire and EMS position. I hereby waive all provisions of law forbidding anyone who employed me or who has information concerning me from disclosing any knowledge or information which they acquired relevant to my employment and I hereby consent that they may disclose such information to the authorized representative or agent of Granville Township. I hereby release you, your organization or others involved in this process from any liability or damages which may result from exchange of the information requested.**

**I also certify that all statements contained herein or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand that a false answer, or material omission, may be grounds for immediate dismissal from employment with Granville Township regardless of when the information is discovered.**

\_\_\_\_\_

**Signed** **Date**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**This application must be notarized prior to acceptance by Granville Township.**

**An Equal Opportunity/Affirmative Action Employer/Drug Free Workplace**  
Granville Township Employment Application  
Revised June 22, 2016