



**Application for Employment  
Hanover Township Butler County, Ohio  
(2021-2022 Form)**

**To Applicant:** We appreciate your interest in Hanover Township. **Please print clearly and answer all questions.**

The Civil Rights Act of 1964 [prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. This list, however, is not exhaustive or the grounds on which discrimination is prohibited.

(PLEASE PRINT CLEARLY)

---

---

**PERSONAL**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

Social Security Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip Code

Email address: \_\_\_\_\_

Are you legally eligible for employment in the USA?  YES  NO

If hired, you are required to submit proof of your eligibility to work in the USA.

Are you over the age of eighteen?  YES  NO

If answered NO, hiring is subject to verification that you are of minimum legal age.

Position(s) applying for: \_\_\_\_\_

Were you previously employed by Hanover Township?  YES  NO

If answered YES, specify when: \_\_\_\_\_

Are you related to anyone currently employed by the Township?  YES  NO: If yes, please provide the name and relationship: \_\_\_\_\_

If hired, on what date will you be available to start? \_\_\_\_\_

Are there other related experiences, skills, or qualifications that will be of special benefit in the job for which you are applying? \_\_\_\_\_

---

---

---

---

---

---

---

Working for Hanover Township is considered a position of public trust. As the employment process continues, a thorough background check, drug screening and physical may be required at some point in the employment process. Presenting misleading or false information during the process may result in cessation of continued consideration for employment or continued employment. \_\_\_\_\_ I understand (Please initial on the line if you understand).

## EMPLOYMENT HISTORY

Beginning with your most recent experience, list below present and past employment. Please be clear and descript.

<b>I.</b> Company Name, Company Address & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name of Supervisor:						
	Describe the work you did:						
Telephone:							

<b>II.</b> Company Name, Company Address & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name of Supervisor:						
	Describe the work you did:						
Telephone:							

<b>III.</b> Company Name, Company Address & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name of Supervisor:						
	Describe the work you did:						
Telephone:							

<b>IV.</b> Company Name, Company Address & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name of Supervisor:						
	Describe the work you did:						
Telephone:							

I hereby give permission to contact the employers listed above concerning my prior work experiences as indicated below.

- Employer I     YES     NO
- Employer II     YES     NO
- Employer III     YES     NO
- Employer IV     YES     NO

Signed: \_\_\_\_\_

**RECORD OF EDUCATION**

EDUCATION LEVEL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE? ___Y ___N	DIPLOMA OR DEGREE EARNED
			5	6	7	8		
Elementary								
High School								
College								
Other (Specify)								

**PERSONAL REFERENCES**  
(Not former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you at home to follow up on this application? \_\_\_YES \_\_\_NO

If YES, what is the best time to call? \_\_\_\_\_

May we telephone you at work to follow up on this application? \_\_\_YES \_\_\_NO

If YES, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statements on this application may result in my dismissal. I further understand that this application is not, and is not intended, to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than a designated official of Hanover Township has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature of Applicant



## APPLICANT STATEMENT AUTHORIZATION

1. I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes Hanover Township or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, activities, law enforcement record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational requests, including without limitation, physicians, hospitals, prior employers and law enforcement agencies to provide any and all information and/or medical records they may have regarding me or my employment. I release and agree to indemnify Hanover Township, its authorized agents, and its employees and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
2. I understand and agree that any falsification, misrepresentation, incomplete response, or omission either on the employment application form or in my response to questions asked during the interview or examination process may disqualify me from further consideration for employment, or if employed by Hanover Township, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand that a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. In addition, I understand I may be required to take a physical examination or provide documentation that I can perform the essential tasks before starting work if an offer of employment is made. I release and agree to indemnify Hanover Township, its authorize agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing or documentation obtained related thereto.
4. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.
5. I also agree to submit to a polygraph examination, upon request by Hanover Township, as a pre-employment requirement and/or a condition of continuing employment should I be employed by Hanover Township.

6. I understand and agree that nothing contained in the Hanover Township employment application or in the granting of an interview or anything set forth in any written or oral statement, communication, or policy now or in the future constitutes or is intended to constitute or create a contract between me and Hanover Township for either employment or for providing benefits. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Hanover Township unless they are express promises, made in writing, and signed by the Hanover Township Board of Trustees or its designated representative. I understand that if employed by Hanover Township, my employment may be terminated with or without notice, at any time, for any reason subject to any applicable statutory provisions or policies adopted by the Board of Trustees.

Name: (Please print clearly)

\_\_\_\_\_

First

MI

Last

Social Security Number: (Please be sure numbers are legible)

\_\_\_\_-\_\_\_\_-\_\_\_\_

**Driver's License Information**

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Number: \_\_\_\_\_ Class / Type: \_\_\_\_\_ / \_\_\_\_\_

Applicant's Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*Please be sure that all numbers and letters are clearly legible or the application cannot be properly processed.