

XENIA TOWNSHIP  
**Application  
For Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_ Date of Application \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

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

\_\_\_\_\_  
Telephone Number(s) Social Security Number

Have you ever filed an application with us before? \_\_\_ Yes \_\_\_ No If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or immigration status will be required upon employment.*) \_\_\_ Yes \_\_\_ No

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time

Are you currently on "lay-off" status and subject to recall? \_\_\_ Yes \_\_\_ No

Can you travel if a job requires it? \_\_\_ Yes \_\_\_ No

Have you been convicted of a felony within the last 7 years? \_\_\_ Yes \_\_\_ No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Describe any specialized training, apprenticeship, skills or other job-related training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				
2. Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number				
Job Title	Supervisor			
Reason for Leaving				

3. Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number			
Job Title	Supervisor		
Reason for Leaving			

**References:**

1. \_\_\_\_\_ ( )  
 \_\_\_\_\_ (Name) \_\_\_\_\_ Phone #  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address)
2. \_\_\_\_\_ ( )  
 \_\_\_\_\_ (Name) \_\_\_\_\_ Phone #  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address)
3. \_\_\_\_\_ ( )  
 \_\_\_\_\_ (Name) \_\_\_\_\_ Phone #  
 \_\_\_\_\_  
 \_\_\_\_\_ (Address)

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
 Date

# Xenia Township

## Release of Information Agreement

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a position with Xenia Township. Xenia Township needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the appropriate department.

I hereby authorize any representative of Xenia Township bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of the full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Xenia Township. Whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Xenia Township to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my complaints or grievances filed by or against me, the records or recollections of attorneys at law or other council (whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest), attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records of

\_\_\_\_\_ organization, including it's officers, employees, or related personnel both individually and collectively from any and all liability or damages of whatever kind which may at any time result to me, my family, my heirs or associates because of compliance with this authorization and request of the duly accredited representative law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of Xenia Township's acceptance and processing of my application for employment, I agree to hold Xenia Township, it's agent and employees harmless for any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Xenia Township. I understand that should information of a serious criminal nature surface as a result of this investigation such information may be turned over to the proper authorities.

I understand my right under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Xenia Township in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 120 days from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the persons to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature: \_\_\_\_\_

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

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

**(Must be notarized below)**

Before me, a Notary Public in and for the State of Ohio, personally appeared \_\_\_\_\_ who acknowledged that \_\_\_\_\_ did sign the foregoing instrument and that the same is \_\_\_\_\_ free act and deed. In Testimony Whereof, I have hereunto affixed my name and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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