

# **Goshen Township**

14003 W. South Range Rd. Salem, Oh 44460

330-332-1235 / 330-332-3411 (F)

Trustee Teresa Stratton

Trustee John Bricker

Trustee Shawn Mesler

## **EMPLOYMENT APPLICATION PACKET**

Completion of the Application Packet is the first step in the employment process. The information on these forms will be used to judge your qualifications for the position. Read all questions carefully and answer all questions completely and honestly.

You must complete this application packet yourself. Type or print the forms using a ball point pen. Do not leave any blank spaces. If a question does not apply, write "NA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated from consideration.

Return the entire packet to the address below:

**Goshen Township  
14003 South Range Rd  
Salem, Ohio 44460**

Office Use

Only: Date received \_\_\_\_\_

## Instructions

*You must complete this application yourself. It may be printed in ink or typed. Your ability to complete this application completely and honestly is part of the process to determine your suitability for employment. If you intentionally leave out any information that might be detrimental to obtaining a job, such as past drug use or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the Township of Goshen.*

---

### Basic Personal Information

Name:

\_\_\_\_\_

*Last* *First* *Middle*

Home Address

\_\_\_\_\_

*Street* *City* *State* *Zip*

E-mail address: \_\_\_\_\_

Telephone:

\_\_\_\_\_

*Cell Number* *Alt. Number*

Driver's License:

\_\_\_\_\_

*Number* *State* *Type*

### Equal Opportunity Statement

Goshen Twp is an equal opportunity employer and is committed to creating and maintaining a work environment that is free of all forms of discriminatory harassment, including sexual harassment and retaliation. The Department will not tolerate discrimination against employees in hiring, promotion, discharge, compensation, fringe benefits and other privileges of employment. The Department will take preventive and corrective action to address any behavior that violates this policy or the rights it is designed to protect. The non-discrimination policies of the Department may be more comprehensive than state or federal law. Conduct that violates this policy may not violate state or federal law but still could subject a member to discipline.

### Eligibility

1. Do you have a legal right to work in the United States?  Yes  No
2. Permanent Resident Status?  Yes  No
3. Have you worked for Goshen Twp in the past?  Yes  No
  - a. If so, explain \_\_\_\_\_
4. Have you applied at Goshen Twp in the past?  Yes  No
  - a. If so, explain \_\_\_\_\_
5. Are you a valid driver in Ohio?  Yes  No
6. Do you have a CDL?  Yes  No
  - a. If so, what class? \_\_\_\_\_
7. Do you have any friend or relatives that work at Goshen Twp?  Yes  No
  - a. If so, who? \_\_\_\_\_
8. Are you currently employed?  Yes  No
9. May we contact your employer?  Yes  No
10. Are you currently on lay off status?  Yes  No
11. What date you are available for work, if hired \_\_\_\_\_
12. What is your desired salary range? \_\_\_\_\_
13. Are you available for a full-time position?  Yes  No
14. Are you available for a part-time position?  Yes  No
15. Can you travel is the job requires it?  Yes  No
16. Are you a High School Graduate?  Yes  No
17. If you did not complete High School, do you have a GED?  Yes  No

## Education

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

Dates Enrolled: \_\_\_\_\_

College/University: \_\_\_\_\_

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

Dates Enrolled: \_\_\_\_\_

Major Studied: \_\_\_\_\_

Graduate School: \_\_\_\_\_

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

Dates Enrolled: \_\_\_\_\_

Major Studied: \_\_\_\_\_

### Other School / Training

---

---

---

Describe any specialized training that will help within the position:

---

---

---

**Employment**

Start with your most recent employment, including present.

1. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Employer  
Address**

---

---

**Telephone  
Job Title  
Supervisor  
Reason for Leaving**

---

---

---

---

---

**6. Employer  
Address**

---

---

**Telephone  
Job Title  
Supervisor  
Reason for Leaving**

---

---

---

---

---

**7. Employer  
Address**

---

---

**Telephone  
Job Title  
Supervisor  
Reason for Leaving**

---

---

---

---

---

**8. Employer  
Address**

---

---

**Telephone  
Job Title  
Supervisor  
Reason for Leaving**

---

---

---

---

---

(Please use an additional sheet to continue if needed...)

**References**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_

**Remarks**

Please tell us about yourself. Include any awards, honors, licenses, or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully Before Signing This Application**

*I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Waver of Liability and Release Form**

In consideration of the Goshen Police Department and the Township of Goshen, Ohio, hereinafter referred to as the Agency, processing my application for employment, I, \_\_\_\_\_ hereby irrevocably agree to the following terms and conditions:

*Full Name (typed or printed)*

1. The term "background investigation" as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine my fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency's officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman - penitent privilege, the husband-wife privilege, and the accountant - client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.



**DO NOT SIGN BEFORE READING**

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply to my right of action of any nature whatsoever that might accrue to myself, my heirs, or my personal representative.

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

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

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

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