

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone	<u>Dates Employed</u>	Summarize responsibilities performed
_____	_____	From ____/____/____	_____
Address _____		To ____/____/____	_____
Starting Job Title/Final Job Title _____			_____
Reason for Leaving _____		<u>Hourly Rate/Salary</u> Starting	_____
Supervisor _____		\$ _____ Per Final	_____
May we contact <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ _____ Per	_____

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Address _____		To ____/____/____	_____
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Supervisor _____		\$ _____ Per Final	_____
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Supervisor _____		\$ _____ Per Final	_____
May we contact <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ _____ Per	_____

Comments including explanation of any gaps in employment

Skills and Qualifications

Summarize any special training, skills, licenses and /or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying .

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Number of Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

List any additional information you would like us to consider.

AUTHORIZATIONS AND ACKNOWLEDGMENTS

I certify that the information contained in this application (and resume, if applicable) is true and complete. I understand that falsification or omission of relevant facts in my application, resume, or other materials provided, during my interview, or during my employment if hired, in any detail, is grounds for disqualification from further consideration or for discipline or dismissal from employment in accordance with the Employer’s policies. I agree to conform to the rules and regulations of the Employer and understand that my employment relationship with the Employer is “at-will” and that I or the Employer may terminate my employment with or without cause, and with or without notice, at any time unless my employment is governed by the terms and conditions of a collective bargaining agreement or written employment agreement that states otherwise. I further understand that no Employer agent or representative has any authority to enter into a contract of employment with me except for the Township Manager or Township Supervisor as a representative of the Township Board and that any such agreement must be signed by the Township Manager or Township Supervisor.

I acknowledge that any offer of employment I may receive from Thomas Township is contingent on the results of a reference and background check. Therefore, I authorize the Township to (1) investigate the truthfulness of all statements made on this application, or my resume; (2) contact my former employers and other listed references or any other persons who can verify information (including law enforcement agencies); and (3) discuss results of any investigation with other employees of the Township involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each such person from liability for providing information to the Township. I waive any written notice for the release of such information which may be required under state or federal law.

I hereby give my consent for Thomas Township through an authorized agent to collect my urine, saliva, blood, or hair samples for testing for the presence, and my use of, alcohol, drugs, or other controlled substances. I hereby release Thomas Township and its authorized collection/testing agent from any liability whatsoever, including attorneys’ fees, from any liability resulting from the collection or testing process or the test results. I further understand that should I receive an offer of employment, it may be conditioned upon my undergoing and successfully passing a job-related medical examination. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test, or medical examination at any time as it pertains to my job and/or the need for accommodation. I hereby consent to have the results of any such alcohol or drug test or medical examination disclosed to Thomas Township. I also acknowledge that any offer of employment that I receive is contingent upon the results of my medical examination finding me able to perform the essential functions of the job offered with or without accommodation. I understand that a positive drug test result, a refusal to submit a requested sample for testing, or a refusal to authorize such testing may result in the Employer withdrawing any offer of employment made to me, or result in my immediate discipline or dismissal.

Should I have a legally protected physical or mental disability that affects my ability to perform the job that I seek, I understand that I may request that the Employer provide a reasonable accommodation for it. I am aware that I must make any such request for accommodation immediately known and no later than 182 days after the date that I know, or reasonably should have known, of my need for accommodation under state law and that federal law has no similar time limitation.

Dated: _____ Applicant: _____

Please send finished application to.

fireadmin@thomastwp.org