

Harris Township Employment Application

Harris Township is an equal opportunity employer and will not exclude any applicant from employment consideration on a basis prohibited by local, state, or federal law.

Name: _____

Address: _____

Phone: _____ email: _____

Applying for: ___ roads/maintenance supervisor
(✓ all that ___ roads - part time as needed
apply) ___ cemetery sexton
___ cemetery - part time as needed
___ zoning inspector
___ township hall custodian

Harris Township will check Bureau of Motor Vehicle records at time of application and annually if employed. Your license number, birth date and social security number are required for a BMV check.

Driver's License Number: _____ If CDL, what class _____

Birth date: _____ Social Security No.: _____

Do you have any physical problems that prevent you from: (check all that apply)

- Lifting 100 – 150 lbs? Climbing/Descending Stairs? Carrying 70 lbs of equipment?
 Driving a Vehicle? Wearing Respiratory Protection Bending, squatting, kneeling
 Any other physical condition(s) which prevent you from meeting the job description requirements?

Are you willing to submit/pass a controlled substance test? _____ Yes _____ No

Which of the following are you experienced using/doing?

_____ dump truck	_____ welder	_____ routine care/maintenance of tools
_____ pick-up truck	_____ lawn tractor/mower	and equipment
_____ snow plow	_____ chain saw	_____ computer word processing
_____ tractor	_____ various hand tools	_____ computer spreadsheet
_____ backhoe		_____ record keeping
_____ front end loader		_____ activity scheduling

Specialized education or training that would be an asset for the job or any other information that you feel is pertinent to your application. (Attach additional sheet for details if necessary.)

Beginning with your current or most recent job, list your last three employers and jobs.

EMPLOYER: _____
Company name Company address Company Phone #

Your Job Title: _____ Dates: _____

DUTIES _____

Reason for Leaving: _____ May we contact for a reference? ___ Yes ___ No

EMPLOYER: _____
Company name Company address Company Phone #

Your Job Title: _____ Dates: _____

DUTIES _____

Reason for Leaving: _____ May we contact for a reference? ___ Yes ___ No

EMPLOYER: _____
Company name Company address Company Phone #

Your Job Title: _____ Dates: _____

DUTIES _____

Reason for Leaving: _____ May we contact for a reference? ___ Yes ___ No

REFERENCES: (*Excluding relatives and employers*) List name, address, day time phone number.

1. _____
2. _____
3. _____

I certify that all information provided herein is true and complete to the best of my knowledge. I hereby authorize the Harris Township Trustees to make any investigations of my criminal, motor vehicle, education, and employment histories or any other related affairs as maybe necessary in arriving at an employment decision. I also release all persons from liabilities in responding to inquiries regarding my application. In the event of employment, I understand that discovery of false or misleading information in my application or during my employment interview, may result in my discharge. I understand that I am required to follow all rules, regulations, policies, procedures, and job requirements of Harris Township and that failure to do so may result in discharge.

Signature of Applicant: _____

Printed Name: _____

Date: _____

Return completed application to: Harris Township Trustees, 321 Rice Street, PO Box 341, Elmore, OH 43416
OR cbaker@harristownshipohio.com