

**JACKSON TOWNSHIP 49 E. Walnut Street, Farmersville OH 45325, Montgomery County
APPLICATION FOR EMPLOYMENT (We are an Equal opportunity Employer) 937-696-3010**

Please Print

Position (s) applied for: <input type="checkbox"/> Concession Stand <input type="checkbox"/> Lifeguard		Date of Application _____ <input type="checkbox"/> Other _____		
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name: _____		First Name _____	Middle Name _____	
Address (number) _____	Street _____	City _____	State _____ Zip Code _____	
Telephone Number (s) Home _____		Cell _____	Date of Birth: _____	
Email Address: _____				

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

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

Are you prevented from lawfully becoming employed in this country because of visa? Or Immigration Status" Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work Full Time Part time Temporary

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree/Certification
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and / or write

Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any job-related training received in the United State Military, if served			

CONCESSION STAND POSITION - List any experience with food service if any

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LIFEGUARD POSITION - List certification date, where certified, number of years

EMPLOYMENT EXPERIENCE

Employer	From	To	Work Performed
Address			
Telephone Numbers(s)			
Job Title			
Reason for Leaving			
Employer	From	To	Work Performed
Address			
Telephone Numbers(s)			
Job Title			
Reason for Leaving			

Can you operate or work any other these items:

<input type="checkbox"/> Computer	<input type="checkbox"/> Cash Register	<input type="checkbox"/> Calculator
<input type="checkbox"/> Fax	<input type="checkbox"/> Kitchen Equipment	<input type="checkbox"/> Circulation Pumps
<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Water Filtration System	

Any other equipment that you might use in the job you are applying for:

References (Name) Phone#

1.
2.

The information you have given is correct and to the best of your knowledge

Signature	Date

DO NOT WRITE BELOW THIS LINE For PERSONNEL DEPARTMENT USE ONLY

Position (s) applied for is Open: Yes No

Position(s) Considered For: _____

Hired Yes No Date: _____

Given Paperwork to fill out? Yes No

Paperwork turned into office: Yes No Date Paperwork turned in: _____

Salary: _____

We are an equal opportunity employer

Manager: