

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

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

Please Print

Position (s) applied for:		Date of Application _____	
<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Lifeguard	<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

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: _____

Manager: