**SWANCREEK TOWNSHIP TRUSTEES**

**FULTON COUNTY, OHIO**

**APPLICATION**

FOR

PUBLIC EMPLOYMENT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| For consideration for a Board or Commission of Swancreek Township you must be a Swancreek Township resident: ORC 519.13 & ORC 519.14 | | | | | |
| **Date:** | | | | | |
| **Name** |  |  | |  | |
| First Name | | Middle Initial | | Last Name | |
| **Address** |  | |  | |  |
|  | Street | | City/State | | Zip Code |
| **Telephone** |  | |  | | |
|  | Home | | Cell | | |
| **Email Address** |  | | | | |
| **Appointment or Position**  **Applying for** |  | | | | |

**CONTACTS:**

**1.** Are you related to any current employee or elected official of Swancreek Township (Circle) NO YES

|  |  |  |
| --- | --- | --- |
| If yes give name and position. |  |  |

**2.** Are you related to any member of the board, or commission for whom you are applying? (Circle) NO YES

|  |  |  |
| --- | --- | --- |
| If yes give name and position. |  |  |

**3.** Do you serve on any other public or not-for- profit board or commission? (Circle) NO YES

|  |  |  |
| --- | --- | --- |
| If yes , please identify |  |  |
|  | |  |

**4. EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High School |  | | Graduation Date |  |
| Post High School Education | |  | | |

If applying for a position requiring such, do you have a valid CDL \_\_\_\_Yes \_\_\_\_No Class\_\_\_\_\_\_\_

**5. MILITARY HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Branch of Service |  | Discharge Date |  |
| Highest Rank |  | | |

**6. EMPLOYMENT HISTORY:**

**FORMER EMPLOYERS (List below your last three employers, starting with last one first)**

|  |
| --- |
| Name & Address Employer |
| Starting Date Leaving Date |
| Weekly Starting Salary Weekly Final Salary |
| Job Title |
| Description of Work |
| Name & Title of your Supervisor? Phone Number |
| May we contact your Supervisor? |

|  |
| --- |
| Name & Address Employer |
| Starting Date Leaving Date |
| Weekly Starting Salary Weekly Final Salary |
| Job Title |
| Description of Work |
| Name & Title of your Supervisor? Phone Number |
| May we contact your Supervisor? |

|  |  |
| --- | --- |
| Name & Address Employer | |
| Starting Date Leaving Date | |
| Weekly Starting Salary Weekly Final Salary | |
| Job Title | |
| Description of Work | |
| Name & Title of your Supervisor? Phone Number | |
| May we contact your Supervisor? |  |

Are you currently on “lay-off” status and subject to recall? \_\_\_\_Yes \_\_\_\_No

Can you travel if a job requires it? \_\_\_\_Yes \_\_\_\_No

Are you current on your property taxes? \_\_\_\_Yes \_\_\_\_No

**7. REFERENCES:**

List 3 persons not related to you who have definite personal knowledge of your qualifications for this position

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone number |
|  |  |  |
|  |  |  |
|  |  |  |

**8. STATEMENT:**

Please provide a brief statement as to why you feel you are qualified for this employment or appointment.

|  |
| --- |
|  |

**9. STATEMENT:**

Please include any other information here that you feel would be of importance to the township trustees in the selection process.

|  |
| --- |
|  |

**10. STATEMENT:**

Are you aware of any circumstances that exist that would create a conflict of interest or the appearance of a conflict of interest if you are hired for employment or appointed to this board or commission?

(Circle) NO YES

|  |
| --- |
| If yes, please explain: |

**\*\*\*BACKGROUND CHECK WILL BE CONDUCTED\*\*-** You will not be denied employment solely because of a conviction.

**PERMISSION FOR JOB BACKGROUND INVESTIGATION**

**AND RELEASE FORM FOR CONSUMER REPORTS**

I, the undersigned Applicant, agree and authorize Swancreek Township to investigate all areas of my employment background in connection with my application for employment. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers’ compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that Swancreek Township will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by Swancreek Township to furnish the above-mentioned reports at any time during my employment with Swancreek Township.

I have the right to make a request of the credit reporting agency, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment with Swancreek Township.

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License – State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Identification Purpose*:

Date of Birth (Month)\_\_\_\_\_\_\_\_\_\_(Day)\_\_\_\_\_\_\_(Year)\_\_\_\_\_\_\_\_\_ Race:\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_

Professional License – State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Applicant’s Signature Date Signed

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

Witness Signature Printed Witness Name

**EMPLOYMENT APPLICATION DRUG POLICY STATEMENT**

A drug-free work place has been adopted by the Swancreek Township Board of Trustees accordance with Section 15.4 of the Swancreek Township Employee Handbook.

It is the policy of Swancreek Township to ensure a drug-free work place. Employees are required to refrain from the use of drugs from possessing, distributing, dispensing or being under the influence of drugs while at the work place. Persons who unlawfully use, possess, distribute or dispense of drugs, or who are under the influence of illegal drugs while in the work place are deemed not suitable for employment. Any employee or job applicant who refuses to submit to a drug test shall be subject to discipline or discharge by Swancreek Township in the case of an employee, or refusal to hire by Swancreek Township of any job applicant.

The Township will conduct the following types of drug tests as authorized by the Board of Trustees: Job Applicant Testing; Reasonable suspicion Testing; Routine Fitness for Duty Testing; and Follow-up Testing. Certain departments/positions are governed by the Department of Transportation are also subject to random and post-accident testing.

Employees and job applicants who are using prescription and non-prescription medication may report such facts to the Township before or after being tested by a signed, dated letter to his/her department supervisor or the Board of Trustees, as the case may be. A list of most common medications which may alter or affect a drug test may be obtained from the office.

Employees and job applicants have the right to consult the testing laboratory for technical information regarding prescription and non-prescription medication. The name and address of the laboratory conducting the drug testing will be provided to the applicant/employee at the time of the test. It is the employee’s or job applicant’s responsibility to notify the laboratory of any administrative or civil actions brought pursuant to the Drug-Free Work Place Policy.

An employee or job applicant who receives a positive confirmed drug test result may submit information to the Township contesting or explaining the results within 5 working days after written notification of the positive test result.

The names, addresses, and telephone numbers of local employee assistance programs and alcohol and drug rehabilitation programs are made available to employees through Fulton County Health Center.

All information, interviews, reports, statements, memoranda, and drug test results, written or otherwise, received by the Township through a drug testing program are confidential communications and will not be used in accordance with the Ohio State Public Records Act.

This applicant is required to have a pre-employment physical exam.

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Applicant Signature Date

The following is a list of the drugs for which Swancreek Township may test, described by brand names or common names, as applicable, as well as by chemical names:

**DRUGS TRADE OR COMMON NAMES**

Alcohol

Narcotics

Opium Dover’s Power, Paregoric, Parepectolin

Morphine Morphine, Pectoral Syrup

Codine Tylenol with Codeine, Empirin Compound with Codine,

Robitussan A-C

Heroin Diacetylmorphine, Horse, Smack

Hydromorphone Dilaudid

Meperidine (Pethidine) Demeoral, Mepergan

Other Narcotics LAAM, Leritine, Numorphan, Percodan, Tussionex, Fentanyl,

Darvon, Talwin, Lomotil

Depressants

Chloral Hydrate Noctec, Somnos

Barbiturates Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate

Benzodiazepines Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax Traxene, Valium, Verstran, Halcion, Paxipam, Restoril

Methazualone Quaalude

Glutethimide Doriden

Other Depressants Equanil, Miltown, Noludar, Placidyl, Valmid

Stimulants Coke, Flake, Snow, Crack

Amphetamines Biphetamine, Delcobese, Desoxyn, Dexedrine, Mediatric

Phenmetrazine Preludin

Methylphenidate Ritalin

Other Stimulants Adipex, Barcarate, Cylert, Didrex, Lonamin, Pelgine, Pre-State, Sanorex, Tnuate, Tepanil, Voranil

Hallucinogens

LSD Acid, Microdot

Mescaline and Peyote Mexc, Buttons, Cactus

Amphetamine, Variants 2, 5-DMA, STP, MDA, MDMA, TMA, DOM, DOB

Phencyclidine PCP, Angel Dust, Hog

Phencyclidine Analogs PCE, PCPy, TCP

Other Hallucinogens Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn

Cannabis

Marijuana Pot, Acapulco Gold, Grass, Reefer, Sisemilla, Thai Sticks

Tetrahydrocannabinol THC

Hashish Hash

Hashish Oil Hash Oil

Propoxyphene

Darvocet, Darvon N, Dolene

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND ACKNOWLEDGE SWANCREEK TOWNSHIP IS A DRUG-FREE WORKPLACE.

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Applicant Signature Date

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

|  |  |  |
| --- | --- | --- |
| **Signature of Applicant:** |  | **Date**: |

Complete and Email or Mail to:

Swancreek Township Trustees

5565 County Road D

Delta, Ohio 43515

Phone: 419-822-4371

Email: office.mail2@swancreektwp.org