



**SWAN CREEK TOWNSHIP TRUSTEES  
FULTON COUNTY, OHIO  
APPLICATION  
FOR  
PUBLIC EMPLOYMENT**

For consideration for a Board or Commission of Swan Creek Township you must be a Swan Creek Township resident: ORC 519.13 & ORC 519.14

<b>Date:</b>			
<b>Name</b>			
	First Name	Middle Initial	Last Name
<b>Address</b>			
	Street	City/State	Zip Code
<b>Telephone</b>			
	Home	Cell	
<b>Email Address</b>			
<b>Appointment or Position Applying for</b>			

**CONTACTS:**

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

If yes give name and position.		
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**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.		
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**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

**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.

\_\_\_\_\_  
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, Robitussin 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

Amphetamines	Coke, Flake, Snow, Crack
Phenmetrazine	Biphettamine, Delcobese, Desoxyn, Dexedrine, Mediatric
Methylphenidate	Preludin
Other Stimulants	Ritalin
	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.

\_\_\_\_\_  
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.

<b>Signature of Applicant:</b>		<b>Date:</b>
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Complete and Email or Mail to:  
Swanecreek Township Trustees  
5565 County Road D  
Delta, Ohio 43515  
Phone: 419-822-4371  
Email: [office.mail2@swanecreektwp.org](mailto:office.mail2@swanecreektwp.org)