

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM _____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO _____ MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

FROM _____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO _____ MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST) cont.

FROM _____ MO. YR.	COMPANY NAME		YOUR POSITION and TITLE	
	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
TO _____ MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
		\$	\$	
	TELEPHONE NUMBER ()	TERMINATION	REASON	
		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

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	NO. & STREET		SUPERVISOR'S NAME, TITLE and POSITION	
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TO _____ MO. YR.	TYPE OF BUSINESS	STARTING PAY	FINAL PAY	
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		<input type="checkbox"/> VOLUNTARY		
		<input type="checkbox"/> INVOLUNTARY		
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				

I understand that this application is not an employment contract for any specific length of time between the Olmsted Township and me, and that in the event I am hired, my employment will be "at will" and either Olmsted Township or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by Olmsted Township to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the part of Olmsted Township.. Olmsted Township may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

- 1. I understand and accept that if I am selected for employment; my employment will be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, without or with reasonable accommodation when necessary. I understand and accept that this may include pre-employment drug, alcohol or substance abuse testing for those positions deemed safety sensitive.

INITIALS _____

- 2. I was given the opportunity to review the position description for any position for which I am making application. After reviewing the essential functions, I am able to physically perform the essential functions of the position, without or with reasonable accommodation when necessary.

INITIALS _____

- 3. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. **Based on the position applied for, I understand that I may be required to work extended time periods, including up to 16 consecutive hours within a 24 hour period.**

INITIALS _____

- 4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

- 5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

INITIALS _____

6. I hereby authorize the employers, schools and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

INITIALS _____

7. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

****READ CAREFULLY BEFORE SIGNING****

I AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED, MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT SHOULD I BE EMPLOYED, IN CONSIDERATION OF SUCH ACTION, ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE OLMSTED TOWNSHIP BOARD OF TRUSTEES MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant Signature

Date

