

GOSHEN TOWNSHIP
6757 Goshen Road
Goshen, OH 45122

EMPLOYMENT APPLICATION AND
PERSONAL HISTORY QUESTIONNAIRE

Instruction

All questions must be answered. If a question does not apply to your particular circumstance, insert “NA” (Not Applicable) in the proper blank. You may add additional sheets if more space is required for your answers.

Please be advised that **ALL** information is subject to verification via criminal history check, criminal background investigation, voice stress analysis, etc. Be fully truthful and do not evade questions. The Ohio Revised Code (ORC) provides penalties for making false statements of a material fact or for practicing fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment, discharge after appointment, and/or prosecution under Ohio Revised Code Section 2921.13.

If you have any questions in reference to this employment application and personal history questionnaire please call the Department Head in which you are applying.

Amended: February 1, 2016

1

Please list all employment, starting with present or most recent employer.
Account for all periods, including all unemployment or time not spent in school or military service.

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

2

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

3

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

4

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

5

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

6

Name and Address of Employer

Dates of Employment

Phone Number

Supervisor Name & Title

Annual Salary\$

Job Title

Reason for Leaving

Full Time: _____ Part Time: _____

Describe type of business and duties:

USE ADDITIONAL SHEET OF PAPER IF NEEDED

I hereby give my permission to contact the employers I have listed concerning my present and prior work experience. If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) and explain.

Signature: _____ **Date:** _____

REFERENCES – WORK RELATED: Only list supervisors you worked with directly for each job

1

Name Title Phone Number

Address City State/Zip

Name of Company: _____

2

Name Title Phone Number

Address City State/Zip

Name of Company: _____

3

Name Title Phone Number

Address City State/Zip

Name of Company: _____

4

Name Title Phone Number

Address City State/Zip

Name of Company: _____

5

Name Title Phone Number

Address City State/Zip

Name of Company: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ Date: _____

PERSONAL HISTORY QUESTIONNAIRE

Purpose and Use

Thank you for taking the time and effort to complete this Personal History Questionnaire. We want you to understand the purpose of this form and its objective, along with the professional manner in which we will treat the information you provide.

We want you to consider the Personal History Questionnaire as an opportunity to organize and present relevant information about yourself. This information will assist us in gaining an accurate picture of your background to be used as **one** of the bases in our assessment process. Other assessments are your physical ability testing, written testing, a personal interview, background investigation, voice stress examination, psychological evaluation, and medical examination.

Additionally, we want you to know that we not only consider the facts presented, but we also consider your explanations surrounding the facts. That is why it is so critically important that you make a special effort to answer all questions completely, truthfully, and thoughtfully. There are many opportunities for you to offer a thorough explanation of facts, and/or circumstances.

Please acknowledge your reading and full understanding of the Employment Application and Personal History Questionnaire by signing the space below.

Signature: _____ **Date:** _____

I. FINANCIAL STATUS

Indebtedness (check as many as apply today)

Own Rent/lease Living with parents
 Living with other Other Explain: _____

All YES answers require an explanation and date of occurrence (use additional sheet if necessary)

Yes No Have you ever had your wages attached or garnished?
If YES, provide date and explain: _____

Yes No Have you ever been involved in a civil case or lawsuit as a
plaintiff or defendant?
If YES, provide date and explain: _____

Yes No Have you ever filed bankruptcy or been declared bankrupt?
If YES, provide date and explain: _____

Yes No Have you ever been declared delinquent in child support payments?
If YES, provide date and explain: _____

Yes No Have you ever been refused credit?
If YES, provide date and explain: _____

Yes No Have you ever had property repossessed?
If YES, provide date and explain: _____

Yes No Do you owe past taxes?
If YES, provide date and explain: _____

Yes No Have you ever skipped paying bills or debts on time?
If YES, provide date and explain: _____

Yes No Are any of your bills in the hands of a bill collection agency?
If YES, provide date and explain: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

FINANCIAL STATUS (cont.)

Obligation _____ **Company (Name, City, State)** _____ **Amount Owed - Overdue - Past Due** _____

Home Loan _____

Personal Loan _____

Auto Loan #1 _____

Auto Loan #2 _____

Finance Co. _____

Finance Co. _____

Credit Card _____

Credit Card _____

Department Store _____

Department Store _____

Credit Union _____

Obligation _____ **Court of Jurisdiction** _____

Child Support _____

Child Support _____

Chapter 13 _____

Bankruptcy _____

Small Claims _____

Civil Suits _____

Alimony _____

YES _____ **NO** _____ **Do you have a personal checking account?**
If YES, institution name _____

_____ **Do you have a personal savings account?**
If YES, institution name _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

II. GAMBLING

Within the past five (5) years, have you gambled or participated in any games of chance for financial rewards?

_____ **Yes** _____ **No**

If YES, check all that apply:

_____	Bingo	_____	Sports
_____	State Lottery	_____	Horse Racing
_____	Cards, Poker, etc.	_____	Casino
_____	Other: specify: _____		

How frequently do you engage in the above activities? _____

Do you currently have any outstanding gambling debts or obligations?

_____ **YES** _____ **NO**

If YES, provide specifics regarding the outstanding debt/obligation: _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

III. DRIVERS LICENSE

Do you currently have a valid Ohio Driver's License? _____ YES _____ NO

If NO, Explain: _____

IV. ALCOHOL

Do you consume alcoholic beverages? _____ YES _____ NO

What type? _____ Beer _____ Wine _____ Liquor

Approximately how many drinks do you have per week? _____

Where do you consume alcoholic beverages?

_____ Own Home _____ Bars / Restaurants

_____ Friend's Home _____ In Vehicles

_____ Other (please explain) _____

How do you characterize your alcohol consumption?

_____ Light _____ Moderate _____ Heavy

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

V. GENERAL QUESTIONS

Yes No Have you ever taken an employment related polygraph/voice stress analysis exam?
If YES, explain & give date(s): _____

Yes No Have you ever been dismissed from or asked to resign from any position for any non-health related reason?
If YES, explain & give date(s): _____

The question below is to be completed by Officer Applicants only:

Yes No If hired, a segment of the training required involves mace being dabbed near your eye. Is there a medical OR other reason(s) why you would not be able to participate in this training?
If YES, explain: _____

VI. PRIOR APPLICATIONS

Yes No Have you ever applied for a position with Goshen Township?
If YES, please list below:

DATE	DEPARTMENT	POSITION	HIRED	If rejected, reason if known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SOFTWARE KNOWLEDGE

List all computer software you are proficient in using:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

SOCIAL CONTACTS: List 5 of your closest associates/friends.

1		
Name		Phone Number
Address	City	State/Zip
Relationship		
2		
Name		Phone Number
Address	City	State/Zip
Relationship		
3		
Name		Phone Number
Address	City	State/Zip
Relationship		
4		
Name		Phone Number
Address	City	State/Zip
Relationship		
5		
Name		Phone Number
Address	City	State/Zip
Relationship		

I certify that the above information is true to the best of my knowledge.

Signature: _____ **Date:** _____

WAIVER

I, _____

do hereby authorize Goshen Township to conduct a full background investigation of my past activities. This investigation will include but not be limited to checking my fingerprints, and any previous criminal records with the Federal Bureau of Investigation, Ohio Bureau of Criminal Identification and Investigations, and other law enforcement agencies. I also authorize Goshen Township to interview my family members including parents, spouse, former spouses, children, other relatives, as well as my associates, employers, former employers, acquaintances, neighbors, teachers or other officials of any educational institution I have attended. I specifically authorize any of these persons to allow Goshen Township or its agents to inspect any and all records in their possession that pertain to my employment record and other records they may request, including birth certificate, operator's license, diplomas, transcripts, or certificates that verify educational achievements, and any documents pertaining to a dishonorable discharge from military service. I also permit Goshen Township or its agents to obtain financial credit information pertaining to me as stipulated under the Federal Fair Credit Reporting Act.

It is also understood and agreed that I completely release and absolve Goshen Township and its agents of any liability which may arise from the conduct of this investigation.

The determination of my suitability for employment will be at the **sole** discretion of Goshen Township, and I will accept the decision without reservation and with the full knowledge that it is **final** and **not** subject to appeal through any civil or administrative procedure.

I understand, Goshen Township must comply with the Ohio Public Records Law. Upon request, some documents contained in my Application Packet are subject to public disclosure.

I solemnly swear or affirm that all of the information I have provided in this application/questionnaire is complete and true to the best of my knowledge and belief. I further understand that my providing any false, misleading or incorrect information will render this application/questionnaire void and may be cause for immediate dismissal and possible criminal charges under Ohio Revised Code 2921.13.

Applicant's Printed Name – Last, First, Middle

Maiden or other Name(s)

Current Address - Street,