**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**

**APPLICATION FOR EMPLO YMENT**

***GOSHEN TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER***

**Today’s Date / / Driver’s License #**

Name: Last First M.I. Social Security Number

Present Address City State Zip Code

Home Phone Number Alternate Phone Number Email Address

How long have you lived at your present address? Yrs. Mos.

Are you a U.S. Citizen? Yes: No:

Are you legally eligible for employment in the U.S.? Yes: \_\_\_\_\_ No:

Are you 21 Years of Age or older? Yes: No:

**POSITION APPLYING FOR:**

Date available to start work:

**EDUCATION:**

**Type of Name & Address Last Grade Course of Study Dates Degree or**

**School of School Completed Diploma**

**Elementary**

**High School**

**College**

**OPOTA Certification**

**Are you continuing your education? Yes: No:** \_\_\_\_\_\_

**If Yes, please indicate how:**

**Military Service Branch Dates Were you honorably Discharges? DD214 MUST BE ATTACHED**

**Type of Name & Address Last Grade Course of Study Dates Degree or**

**School of School Completed Diploma**

**Elementary**

**High School**

**College**

**OPOTA Certification**

**Are you continuing your education? Yes: No:** \_\_\_\_\_\_

**If Yes, please indicate how:**

**Military Service Branch Dates Were you honorably Discharges? DD214 MUST BE ATTACHED**

List any foreign languages you can read, write or speak:

List any special abilities (lip read, sign ambidextrous ect.):

Are you State/Federal Certified/Licensed in any profession: (M.D., Attorney, EMT, Fire Service etc.)

**A COPY OF YOUR HIGH SCHOOL/COLLEGE OR G.E.D. / DIPLOMA OR TRANSCRIPTS MUST BE TURNED IN WITH THIS APPLICATION/QUESTIONNAIRE EMPLOYMENT HISTORY**

**❷**

**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:**

❶

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:**

**❸**

**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:**

**❹**

**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:**

[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Text Box Tools tab to change the formatting of the pull quote text box.]

**❻**

**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:**

**❺**

**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:**

1. **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 Sore**

**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:**

1. **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:**

1. **DRIVERS LICENSE**

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

If NO, Explain:

1. **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:**

1. **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):

1. **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. 5.
2. 6.
3. 7.
4. 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**

5

**Name Phone Number**

**Address City State/Zip**

**Relationship**

4

**Name Phone Number**

**Address City State/Zip**

**Relationship**

3

**Name Phone Number**

**Address City State/Zip**

**Relationship**

2

**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,