

Bloom Township

Employment Application

Date: _____ **Position Applying for:** _____ **Date Available to Start:** _____

PERSONAL INFORMATION

Name: _____

Address: _____

Home Phone: _____ *Cell Phone:* _____ *Email Address:* _____

Date of Birth: _____ *Social Security Number:* _____

Do you have a valid Driver's License: YES _____ NO _____ *State:* _____

Driver License Number: _____ *Do you have a valid CDL licenses?* YES _____ NO _____

Has your Driver license ever been suspended or revoked: NO ____ YES _____ *Explain (Why and When)* _____

Are you able to lift up to 75lbs? _____

AVAILABLE TO WORK

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<i>From (Start Time)</i>							
<i>To (End Time)</i>							

EMPLOYMENT HISTORY:

Employer: _____

Address: _____

Dates Employed: From: _____ *To:* _____

Supervisor: _____ *Reason for Leaving:* _____

Duties: _____

Employer: _____

Address: _____

Dates Employed: From: _____ *To:* _____

Supervisor: _____ *Reason for Leaving:* _____

Duties: _____

Employer: _____

Address: _____

Dates Employed: From: _____ To: _____

Supervisor: _____ Reason for Leaving: _____

Duties: _____

PROFESSIONAL REFERENCES

NAME	TITLE	PHONE

I certify that all information furnished in this employment application is true and complete to the best of my knowledge.

Print Name _____

Signature _____ Date _____

I acknowledge that Bloom Township has an Employee Drug Test Program, which requires employees to submit to drug and/or alcohol testing.

I understand that should I be appointed to a position with Bloom Township, I may be required to participate in a drug and/or alcohol test during my employment. I further understand that should the test come back positive, I would be subject to appropriate disciplinary action up to including termination.

I hereby knowingly and voluntarily consent to drug and/or alcohol testing for pre-employment and during employment.

Print Name _____

Signature _____ **Date** _____

4 of 4

PLEASE SUBMIT YOUR APPLICATION BY EMAIL OR FAX ONLY TO:

Adarling@bloomtwp.org

fax: 614-837-7576

Please: No phone calls or office visits when submitting application.