Bloom Township Job Application

Position Applying For: __Fiscal Office Administrative Assistant_____

Please be sure to complete the entire application. Once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

NAME: (First, Middle, Last)

_____

ADDRESS: (Street, City, State, Zip Code)

_____

HOME PHONE: _____ ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

DRIVER'S LICENSE: _____

EDUCATION

HIGH SCHOOL NAME: _____

LOCATION: (City, State) _____

DID YOU GRADUATE? _____Yes _____No

YEAR COMPLETED: _____ OBTAINED GED? _____Yes _____No

COLLEGE / UNIVERSITY: _____

LOCATION: (City, State) _____

DID YOU GRADUATE? _____Yes _____No

YEAR COMPLETED: _____ OBTAINED DEGREE? _____Yes _____No

NUMBER OF QUARTER/SEMESTER HOURS COMPLETED: _____

MAJOR: _____ DEGREE RECEIVED: _____

COLLEGE / UNIVERSITY: _____

LOCATION: (City, State) _____

DID YOU GRADUATE? _____Yes _____No

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YEAR COMPLETED: _____ OBTAINED DEGREE? _____Yes _____No

NUMBER OF QUARTER/SEMESTER HOURS COMPLETED: _____

MAJOR: _____ DEGREE RECEIVED: _____

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: To be considered for employment, you must fill in the information below accurately and completely. You need to submit a resume in addition to completing this section. If you need additional space, attach extra sheets to this application.

DATES: From _____ To _____ POSITION TITLE: _____

EMPLOYER: _____

ADDRESS: (Street, City, Zip Code)

_____

COMPANY URL: _____

PHONE NUMBER: _____

SUPERVISOR: _____

HOURS PER WEEK: _____ SALARY: _____

MAY WE CONTACT THIS EMPLOYER? _____Yes _____No

JOB DUTIES: _____

_____

_____

_____

_____

_____

REASON FOR LEAVING: _____

_____

_____

_____

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DATES: From _____ To _____ POSITION TITLE: _____

EMPLOYER: _____

ADDRESS: (Street, City, Zip Code)

_____

COMPANY URL: _____

PHONE NUMBER: _____

SUPERVISOR: _____

HOURS PER WEEK: _____ SALARY: _____

MAY WE CONTACT THIS EMPLOYER? _____Yes _____No

JOB DUTIES: _____

_____

_____

_____

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REASON FOR LEAVING: _____

_____

_____

_____

DATES: From _____ To _____ POSITION TITLE: _____

EMPLOYER: _____

ADDRESS: (Street, City, Zip Code)

_____

COMPANY URL: _____

PHONE NUMBER: _____

SUPERVISOR: _____

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HOURS PER WEEK: _____ SALARY: _____

MAY WE CONTACT THIS EMPLOYER? _____Yes _____No

JOB DUTIES: _____

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REASON FOR LEAVING: _____

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CERTIFICATES AND LICENSES

TITLE / TYPE: _____

ISSUING AGENCY: _____

TITLE / TYPE: _____

ISSUING AGENCY: _____

SKILLS

OFFICE SKILLS: _____

_____

_____

COMPUTER SKILLS: _____

_____

_____

OTHER SKILLS: _____

_____

_____

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The purpose of questions 1-8 is to obtain information relevant to employment with Bloom Township. Responses to these questions are required.

1. Please indicate your county of residence.

2. Summary of Qualifications - In the area below, briefly describe the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position. If you need additional space, attach an extra sheet to this application.

3. Please list below the specific course work areas and/or the number of courses you have successfully completed in each area at the high school level or beyond that are relevant to the position for which you are applying.

4. Are you a current State of Ohio employee?
   __Yes, I'm a permanent employee
   __ Yes, I'm an interim or intermittent employee
   __ Yes, I'm a temporary, seasonal or project employee
   __ No, I'm not a State of Ohio employee

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5. If you are a current State of Ohio employee, please provide your eight (8) digit, OAKS ID number. If you are not a current State of Ohio employee, please select N/A.
   _____OAKS ID _____N/A

6. If you are not a current State of Ohio employee, have you ever been employed by the State of Ohio? If you are a current State of Ohio employee, please select N/A.
   __Yes
   __ No
   __ N/A

7. If you were previously employed by the State of Ohio, please choose one of the following:
   __Employment ended prior to 12-01-2005
   __ Employment ended on or after 12-02-2005
   __ N/A - Not previously employed by the State of Ohio or current state employee

8. How did you learn about this employment opportunity?
   __careers.ohio.gov
   __Facebook
   __GovernmentJobs.com
   __Twitter
   __Indeed.com
   __Linkedin
   __Other Job Board
   __Other Social Media
   __Trade Journal
   __Career/Recruitment Fair
   __State of Ohio Employee Referral

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to Bloom Township.

Signature of Applicant: _____ Date: _____