

# JOB APPLICATION

## PERSONAL INFORMATION

Please print or type

**Full Name** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**City** : \_\_\_\_\_ **State** : \_\_\_\_\_ **Zip Code** : \_\_\_\_\_  
**Phone Number** : \_\_\_\_\_ **E-Mail** : \_\_\_\_\_  
**Position Desired** : \_\_\_\_\_

**Can you perform the essential functions of the position for which you are applying?**
 Yes  No

**Are you legally eligible to be employed in the United States?**
 Yes  No

**Are you over the age of 18 years?**
 Yes  No

**Have you ever worked under another name? If so, what** \_\_\_\_\_
  Yes  No

**Have you ever been convicted of a crime, including any offense relating to sexual abuse or child abuse, but excluding minor traffic violations?**
 Yes  No

**If yes, please explain :** \_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since the Company will consider factors such as age, time of the offense, the nature, and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

**Have you ever worked for Townhall II before?**
 Yes  No

**If yes, what position and when :** \_\_\_\_\_

**Do you have relatives or friends that work for Townhall II ?**
 Yes  No

**If yes, who and what position :** \_\_\_\_\_

**Have you ever done any volunteer work?**
 Yes  No

**If yes, describe :** \_\_\_\_\_

Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities

**Availability :**
 Days
  Nights
  Weekends
  Full Time
  Part Time

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

**When would you be available to begin work?** \_\_\_\_\_

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## EDUCATION

	Name and Location	Years Completed	Major, Emphasis & Degree Earned
High School			
College			
Vocational or Trade School			
Graduate School			

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?

Yes

No

If yes, please describe : \_\_\_\_\_

List academic honors, extracurricular activities, offices held, etc. in high school or college

Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities

\_\_\_\_\_

\_\_\_\_\_

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?

Yes

No

If yes, please explain : \_\_\_\_\_

Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.

## EMPLOYMENT

Are you presently employed?

Yes

No

If yes, may we contact your employer?

Yes

No

If yes, why are you considering leaving? : \_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT

Starting with current or most recent position, if all of this information is on your attached resume, you may write "see resume"

**Title** : \_\_\_\_\_

**Name of Employer** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**City** : \_\_\_\_\_ **State** : \_\_\_\_\_ **Zip Code** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_

**Supervisor's Name** : \_\_\_\_\_

**Dates Employed** : \_\_\_\_\_

**Starting Rate of Pay** : \_\_\_\_\_ **Final Rate of Pay** : \_\_\_\_\_

**Describe Work Responsibilities** : \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** : \_\_\_\_\_

**Title** : \_\_\_\_\_

**Name of Employer** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**City** : \_\_\_\_\_ **State** : \_\_\_\_\_ **Zip Code** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_

**Supervisor's Name** : \_\_\_\_\_

**Dates Employed** : \_\_\_\_\_

**Starting Rate of Pay** : \_\_\_\_\_ **Final Rate of Pay** : \_\_\_\_\_

**Describe Work Responsibilities** : \_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** : \_\_\_\_\_

Can we call previous employers for a reference?  Yes  No

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## REFERENCES

If all of this information is on your attached resume, you may write "see resume"

Title : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
Phone Number : \_\_\_\_\_

Title : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
Phone Number : \_\_\_\_\_

Title : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Address : \_\_\_\_\_  
City : \_\_\_\_\_ State : \_\_\_\_\_ Zip Code : \_\_\_\_\_  
Phone Number : \_\_\_\_\_

Do you have reliable transportation?  Yes  No

Do you have a valid Ohio Drivers License?  Yes  No

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## NOTIFICATION AND AGREEMENT

### Please read before signing

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Agency or me, I further understand that no representation, whether oral or written by any representative or agent of the Agency, at any time, can constitute a contract of employment. I understand that the Agency and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Agency has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Executive Director, or to make any agreement contrary to the foregoing.

If employed, I agree to hold in strictest confidence any information concerning the Agency, its Insureds, and its Agents that may come to my knowledge.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on the application by me.

**Applicant Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Townhall II requires proof of identity and eligibility to work, a background check, drug screening, and TB test.**

### Townhall II

📍 155 North Water Street | Kent OH 44240

☎ 330.678.3006

🌐 [www.townhall2.com](http://www.townhall2.com)

**THANK YOU**