



Application for Employment

Buffalo Township complies with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, color, religion, national origin, disability, or any other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to answer all questions on the application form. You may attach a resume, but all questions must be answered.

Personal Information	
Name:	Phone Number: () -
Street Address:	Email Address:
City, State, Zip:	
Date you can start work:	Are you at least 18 years old? Yes • No •
Position applying for:	Salary or Rate of Pay desired:
Have you previously worked for Buffalo Township? Yes • No •	If yes, provide dates of employment & title:
Have you ever been convicted of a felony? Yes • No • (If YES, explain date, location and offense. A YES will not automatically disqualify applicant from employment; all circumstances will be considered.)	
If hired, can you provide proof that you are eligible to work in the United States? Yes • No •	
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes • No •	
How did you learn about the job opening? Walk-in • Advertisement • Employee • School • State Employment Comm • Other (Specify) •	

Availability <small>Check all for which you are available to work</small>	
Part-time • Full-time • Temporary •	Saturdays • Sundays • Holidays • Business Travel • Scheduled Overtime • Overtime on Short Notice •
Specify any days/times you could not work:	

Education List education or training, including from schools, colleges, vocational training, military, online programs, etc.			
School Name	Address (City & State)	Major Course of Study	Degree or Credits Earned
Other courses, training, or certifications:			
Awards, scholarships, offices held or other activities that represent your qualifications.			

Work History List all current and previous positions from most recent to least recent. Use separate sheet if necessary.		
Your Job Title:	Employer:	Date Employed -- Give Month and Year From: To:
Address:	Type Of Business:	Hourly or Annual Pay: Start: End:
Name and Title of Immediate Supervisor:		May we contact this employer? Yes • No •
Description of Duties:		
Reason for leaving:		

Your Job Title:	Employer:	Date Employed -- Give Month and Year From: To:
Address:	Type Of Business:	Hourly or Annual Pay: Start: End:

Name and Title of Immediate Supervisor:	May we contact this employer? Yes • No •
Description of Duties:	
Reason for leaving:	

Your Job Title:	Employer:	Date Employed -- Give Month and Year From: To:
Address:	Type Of Business:	Hourly or Annual Pay: Start: End:
Name and Title of Immediate Supervisor:	May we contact this employer? Yes • No •	
Description of Duties:		
Reason for leaving:		

References Provide three professional references with knowledge of your work history we could contact. If you don't have professional references, provide unrelated personal references		
Name	Relationship and Relevant Employer	Phone Number and/or Email

Applicant's Statement

I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date.

I authorize investigation of all statements contained in this application (and accompanying resume, if any). I also authorize the company to contact my present employer (unless otherwise noted in this application form), past employers, and listed references.

I authorize any person, school, current or previous employer, and organizations named in this application form (and accompanying resume, if any) to provide the company with relevant information and opinion that may be useful to the company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

I understand that employment with Buffalo Township is at will, which means that, if I am hired, either the company or I may terminate the employment relationship at any time, for any reason or for no reason.

I give permission for a complete physical examination, including a drug screening and x-rays, and I consent to the release to the company of any and all medical information, as may be deemed necessary by the company in judging my capability to do the work for which I am applying.

I understand that if my employment is terminated by the company for dishonesty, breach of trust, or any criminal acts the authorities may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment, nor engage in sales, investments or other activities that create a conflict of interest with my position with this company.

I understand that I may request a reasonable accommodation for any disability I have which prevents me from performing the essential functions of the job. I understand that the company will explore reasonable accommodations for any disability I may disclose; however, in the event that a reasonable accommodation cannot be found, I understand that any conditional offer of employment may be withdrawn.

Signature of Applicant

Date