



Voluntary Governmental Recordkeeping/Reporting Forms and Employment Application

Sugarcreek Township is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants and employees to voluntarily self-identify their gender, race and ethnicity. **Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.**

The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This information will be maintained separately from your application for employment. If you do not wish to self-identify at this time, you may do so in the future by submitting this form. Failure to provide the following information will not subject you to any adverse action or treatment.

Sugarcreek Township is an Equal Opportunity/Affirmative Action employer. We provide equal employment opportunities to all qualified employees and applicants for employment without regard to race, religion, sex, age, marital status, national origin, sexual orientation, citizenship status, veteran status, disability or any other legally protected status. We prohibit discrimination in decisions concerning recruitment, hiring, compensation, benefits, training, termination, promotions, or any other condition of employment or career development.

Gender:

- Male Female I Decline to identify

Ethnicity/Race:

- Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Island.
- Asian (not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand or Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (not Hispanic or Latino) – all persons who identify with more than one of the above five races.
- I decline to identify

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- ❖ Blindness
- ❖ Cancer
- ❖ Epilepsy
- ❖ Cerebral Palsy
- ❖ Schizophrenia
- ❖ Bipolar Disorder
- ❖ Multiple Sclerosis (MS)
- ❖ Intellectual disability (previously called mental retardation)
- ❖ Impairments requiring the use of a wheelchair
- ❖ Deafness
- ❖ Diabetes
- ❖ Autism
- ❖ HIV/AIDS
- ❖ Muscular Dystrophy
- ❖ Major Depression
- ❖ Missing limbs or partially missing limbs
- ❖ Obsessive compulsive disorder
- ❖ Post-traumatic stress disorder (PTSD)

Please check one of the boxes below:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

Your Name

Today's Date

Voluntary Self-Identification of Disability

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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



EMPLOYMENT APPLICATION

Date of Application: _____ Department: Administration I.T. Fire Police Roads Zoning

Desired Position: _____ Full-time Part-time Volunteer

PERSONAL INFORMATION (please print):

 Last Name First Name Middle Initial

 Current Street Address City State Zip Code How long

 Previous Street Address City State Zip Code How long

 Primary Phone Number Alternate Phone Number Social Security Number

Drivers' License # (attach copy): _____ Expiration Date: _____ State of Issue: _____

Date available for work: _____ Desired salary: \$ _____ Can you work evenings? Yes No

If seeking part-time or volunteer employment, check the days and document the hours you are unavailable to work:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
 Friday: _____ Saturday: _____ Sunday: _____

Can you provide proof of your eligibility to work? Yes No
 Have you ever filed an application with Sugarcreek Township? Yes No If yes, date: _____
 Have you ever been employed by Sugarcreek Township? Yes No If yes, date: _____
 Do you have any relatives that work for Sugarcreek Township? Yes No
 Are you currently employed? Yes No May we contact your employer? Yes No
 Are you currently on "lay-off" status and subject to recall? Yes No
 Are you legally eligible for employment in the U.S.? Yes No

EMPLOYMENT HISTORY

List most recent employment first, use an extra sheet of paper if necessary. No more than 10 years history is recommended.

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Employment History Continued ...

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Employer Name and Address:	Position title / dues and skills:	Start Date:	End Date:
		Reason for Leaving:	
Starting Pay: \$	Supervisor:		
Ending Pay: \$	Phone Number:		

Summarize other employment related to the position applying for:

EDUCATION

	Institution Name	Field of Study	Graduate Or Degree	Date Completed
High School				
College/University				
Business/Technical				
Other				

MILITARY

Are you a veteran? Yes No If yes, what branch? _____

Dates of Duty: from _____ to _____ Rank at discharge? _____

Duty/specialized training: _____

SKILLS & QUALIFICATIONS

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Please provide a copy of all certifications

Are you a State of Ohio Certified Firefighter? Yes No

If yes, what level? _____ Certification Number: _____

Are you an Ohio Emergency Medical Technician (A) (B) (P)? If yes, what level? _____ Yes No

If yes, what level? _____ Certification Number: _____

Are you a Certified Peace Officer with the State of Ohio? Yes No

If not currently certified, when do you expect to obtain certification? _____

Do you have your Commercial Drivers' License (CDL)? If yes, expiration date? _____ Yes No

Other professional licenses, certifications or registrations:

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, and other equipment you are qualified to operate:

Additional skills, including supervision skills, other languages or information regarding the position you wish to bring to the employer's attention:

Typing speed: _____ per minute

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the position for which you are applying!

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the position or occupation for which you have applied? A review of the activities involved in such a position or occupation has been given for review.

Yes No

REFERENCES

List three personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known

READ AND SIGN BELOW

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give Sugarcreek Township any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that, in considering my application for employment, Sugarcreek Township may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, school, companies, organizations, credit bureaus, law enforcement agencies, and previous employers to release any information concerning my background.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of such investigative report that is made.

Signature of Applicant

Date Agreed

FOR HUMAN RESOURCE USE ONLY

Interviewed by: _____ Date: _____

Comments: _____
