





DRIVERS LICENSE

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Expiration Date

Type of License:            Operator                            C.D.L.

If C.D.L. list Class and Endorsements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above stated drivers' license is current and valid in the State of Ohio.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

List any special training, skills and qualifications gained through past employment or experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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AUTHORIZATION

I certify that the information in this application is correct to the best of my knowledge and understand that misrepresentation or falsification of this application is grounds for dismissal. If employed, I agree to conform to the rules and regulations of the Montville Township Board of Trustees. I authorize investigation of any or all statements made in this application, and authorize the references listed to give any and all information about my personal and/or employment qualities as may be necessary in arriving at an employment decision, and release all parties from all liability for any damages that may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date