



BETHEL TOWNSHIP, MIAMI COUNTY ZONING INSPECTOR JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

POSITION APPLIED FOR: Zoning Inspector (part-time)

DATE AVAILABLE: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

SALARY DESIRED: \$ _____ to \$ _____ HOUR SALARY

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

*IF NO, PLEASE EXPLAIN: _____

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION? YES* NO

*IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO*

*IF NO, PLEASE EXPLAIN: _____

Driver's license#: _____ Expiration date: _____ State issued: _____

List any restrictions on driver's license: _____

HAVE YOU EVER BEEN CITED FOR ANY TRAFFIC VIOLATIONS DURING THE PAST 3 YEARS (FAILURE TO STOP, OVI, SPEED, ETC.)? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION & CERTIFICATIONS

HIGH SCHOOL: _____ CITY / STATE: _____
FROM: _____ TO: _____
GRADUATE? YES NO DIPLOMA: _____

TRADE SCHOOL: _____ CITY / STATE: _____
FROM: _____ TO: _____
GRADUATE? YES NO
DEGREE/CERTIFICATION: _____

COLLEGE: _____ CITY / STATE: _____
FROM: _____ TO: _____
GRADUATE? YES NO
DEGREE: _____

OTHER: _____ CITY / STATE: _____
FROM: _____ TO: _____
DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____
FROM: _____ TO: _____
DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____
FROM: _____ TO: _____
DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____
FROM: _____ TO: _____
DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A **BACKGROUND CHECK**? YES NO

IF ASKED, ARE YOU WILLING TO CONSENT TO A **DRUG SCREENING**? YES NO

IF ASKED, ARE YOU WILLING TO CONSENT TO A **PHYSICAL EXAMINATION**? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF your supporting documents provide the information asked for in this application. You must submit this application and attach the following materials for it to be considered complete: cover letter, resume, required and relevant certifications, and, if applicable, college degree(s) and a full copy of any military discharge paperwork.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview is cause for my employment to be terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

TOWNSHIP INFORMATION

Applications and supporting documentation are due Thursday, April 2, 2026 by 4:00 P.M.

Please drop at or mail to:
Bethel Township Administrator
8735 S. Second St. (Brandt)
Tipp City, Ohio 45371

or Email to:
administrator@betheltownship.org



To learn more about Bethel Township, Miami County,
visit our website and Facebook page.

Note: you must be logged in to Facebook to see our content.

