SPRINGFIELD TOWNSHIP EMPLOYMENT APPLICATION

2459 CANFEILD ROAD, AKRON, OHIO 44312 PHONE 330.794.1739 FAX 330.794.0400

POSITION APPLYING FOR:

_____	Administration/Zoning - Job Title : _____
_____	Fire Department - Job Title: Other _____
_____	Part-Time Firefighter/EMT - A
_____	Part-Time Firefighter/EMT - I
_____	Part-Time Firefighter/EMT - P
_____	Highway Department - Job Title: _____
_____	Parks & Recreation - Job Title: _____
_____	Police Department - Job Title: _____
_____	Senior Center - Job Title: _____

Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____
(Day) (Evening) (Cell)

email address: _____

Social Security Number: _____

Driver's License Number: _____ _____ _____
(State) (Expiration)

How many months have you continuously lived at your current address? _____

If less than 12 months, please indicate previous address:

_____
(House #) (Street) (City) (State) (Zip)

Are you a U.S. Citizen? _____ Yes _____ No

Branch of Armed Forces served in: _____ From _____ To _____

Type of Separation:

Note: To receive military credit you must submit proof of honorable separation when you file this application.

This is to inform you that the Springfield Township Board of Trustees adopted an employee nepotism policy effective 11/5/1998. Purpose is to establish policy for the employment of immediate relatives in order to to assure the reality and appearance of fairness in the best interest of the Township. It is the Township's policy that immediate relatives will not be employed in regular part-time or regular full-time positions where one relative would have authority to supervise, appoint, remove, discipline or evaluate the performance of the other; where one relative would be responsible for auditing the work of the other; or, where other circumstances exist which would place the relatives in a situation of actual or reasonable foreseeable conflict between the Township's interest and their own. Definition: Immediate family - includes spouse, child, parent, brother sister, grandparents, parent-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, or grandchildren. This policy shall also apply to persons related by blood or marriage residing in an employee's home. I have read and understand the Township's nepotism policy.

Your signature: _____

Have you ever been convicted of a crime, or are there any criminal charges pending against you at the present time? _____ Yes _____ No

Include felonies, misdemeanors, traffic, and military convictions. Do not include parking violations or Juvenile convictions. Failure to admit is cause of disqualification. You will be fingerprinted prior to appointment and your complete conviction record reviewed. For most positions a criminal conviction is not sufficient grounds for disqualification. List all arrests still pending final disposition and all past convictions. Attached pages as needed.

Offense _____ Location _____ Date _____ Disposition _____
Offense _____ Location _____ Date _____ Disposition _____
Offense _____ Location _____ Date _____ Disposition _____

Has your driving license ever been revoked or suspended? No Yes If Yes, Date _____

If the examination announcement states that a license or other certification is required indicate information:

Type of License	License #	State Issuing Board	Issue Date	Expire Date

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I hereby authorize the Springfield Township Police Department to complete a background investigation on me for the purpose of employment with Springfield Township, Summit County, Ohio. This information is to be used for employment purposes only.

I further authorize my physician, or other person who has attended or examined, me, or who may hereafter attend or examine me; schools, colleges or universities which I attended; past employers; personal references and any other person, agency, company or establishment; to release any knowledge or information they may have regarding my physical or mental health, employment, education, training, experience or character with regard to my application for employment with Springfield Township, Summit County, Ohio, and I release them, individually and officially, for any and all liability in divulging the same.

I understand that by signing this document, a copy hereof shall be considered as valid as the original for purposes of authorizing a background investigation and/or release of information.

_____ _____
Signature Date

EDUCATION

HIGH SCHOOL: _____
ADDRESS: _____
DATE COMPLETED: _____ DIPLOMA: Yes No GED: Yes No

COLLEGE: _____
ADDRESS: _____
DATE COMPLETED: _____ DEGREE: _____
DESCRIBE PROGRAM: _____

COLLEGE: _____
ADDRESS: _____
DATE COMPLETED: _____ DEGREE: _____
DESCRIBE PROGRAM: _____

SPECIAL SKILLS AND TRAINING

DESCRIBE YOUR SKILL AND EXPERIENCE FOR THE POSITION YOU ARE APPLYING FOR:

_____
_____
_____

WORK EXPERIENCE

Start with most recent or present position:

FROM: _____ TO: _____
EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____
DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____
DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____
DUTIES: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
EMPLOYER: _____
ADDRESS: _____
JOB TITLE: _____
DUTIES: _____
REASON FOR LEAVING: _____

REFERENCES

Do not list employers or relatives.

NAME: _____
ADDRESS: _____
PHONE: (DAY) _____ (EVENING) _____ (CELL) _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____
ADDRESS: _____
PHONE: (DAY) _____ (EVENING) _____ (CELL) _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____
ADDRESS: _____
PHONE: (DAY) _____ (EVENING) _____ (CELL) _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____
ADDRESS: _____
PHONE: (DAY) _____ (EVENING) _____ (CELL) _____
EMAIL ADDRESS: _____
HOW DO YOU KNOW THIS PERSON? _____
HOW LONG HAVE YOU KNOWN THIS PERSON? _____

PRE-EMPLOYMENT CONTROLLED SUBSTANCE TESTING CONSENT FORM

I understand that as required by the U.S. Department of Transportation Regulations, Title 49 Code of Federal Regulations, Section 382.103, all driver-applicants of this employer must be tested for controlled substances as a precondition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will disqualify me for a position with this employer.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

_____ _____

Applicant's Name (print) Date (month/day/year)

_____

Applicant's Signature