



**SPRINGFIELD TOWNSHIP EMPLOYMENT APPLICATION**  
**2459 CANFIELD ROAD, AKRON, OHIO 44312 PHONE 330.794.1739 FAX 330.794.0400**

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Has your driving license ever been revoked or suspended?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: \_\_\_\_\_

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DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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**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) \_\_\_\_\_  
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**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