

COPLEY TOWNSHIP

APPLICATION FOR EMPLOYMENT

Copley Township is an equal opportunity employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship status, marital status, age, non-job related disabilities, veteran status or other protected classification. Please complete all information even if resume is attached.

Position Applying For: _____

Date: _____

DEPARTMENT APPLYING FOR:

| | | | |
|----------|--------------------------|----------------|--------------------------|
| Dispatch | <input type="checkbox"/> | Administration | <input type="checkbox"/> |
| Service | <input type="checkbox"/> | Police | <input type="checkbox"/> |
| Fire | <input type="checkbox"/> | Finance | <input type="checkbox"/> |
| Zoning | <input type="checkbox"/> | | |

APPLICANT INFORMATION (PLEASE PRINT)

| | | | |
|---|------------|----------------|--|
| Last Name | First Name | Middle Initial | Other Names Used |
| Street Address | | | Primary Telephone () |
| City | State | Zip | Cell Phone () |
| Email Address: | | | |
| Applying for: Full Time / Part-Time / Seasonal / Contractual (Circle One) | | | |
| Can you work all designated shifts, including mornings, afternoons, evenings, weekends, and holidays, if the position for which you are applying involves shift work? Yes No . If no, please explain _____ | | | |
| Are you available to work overtime if and when necessary? Yes No | | | Are you at least age 18? Yes No |
| Have you ever been employed by Copley Township? Yes No | | | Available to start? ____/____/____ |
| Are you legally eligible for employment in the United States? Yes No | | | |
| Are you related to anyone who currently works for Copley Twp. in the department for which you are applying? Yes No | | | |
| Police Officer and Fire/EMS Applicants Only: Certain felony and misdemeanor convictions may disqualify an individual from employment. | | | |

How did you hear about this job (internet, newspaper, employee) ? _____

If employee referral, name of employee: _____

In your present or in any prior employment, have you ever had a problem with absenteeism or lateness? Yes ____ No ____

If yes, describe: _____

Please state your job related special skills, training and qualifications for the position you are seeking. Include foreign languages in which you are fluent:

To the best of your knowledge, are you able to perform the required duties of the specific job for which you are applying with or without accommodation? _____ Yes _____ No

EDUCATION:

| School | Name, City and State | Course of Study | Years Completed | Did you Graduate? | Degree/ Diploma |
|--------------------------|----------------------|-----------------|-----------------|-------------------|-----------------|
| High School/GED | | | | | |
| College/ Trade School | | | | | |
| Graduate/ Other | | | | | |

Scholastic achievements and internships: _____

OTHER TRAINING OR COURSES COMPLETED: _____

SKILLS DATA (CHECK ALL THAT ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING)

() Word Processing () Typing Speed ____ wpm () Shorthand ____ wpm
() Data Entry ____ kpm () Internet () Switchboard Phone System

List the types of computer programs/software & spreadsheets/databases you are experienced in using:

SKILLS EXPERIENCE:

() Accounts Payable () Accounts Receivable () Payroll () Purchasing () Other: _____

OTHER EQUIPMENT/SKILLS EXPERIENCE:

() Dump Truck () Front-end loader () Tractor () Tow Motor () Backhoe () Snowplow () Carpentry
() Plumbing () Plastering () Electrical () HVAC () Welding () Masonry () Refrigeration
Other: _____

LICENSES AND/OR CERTIFICATIONS (APPLICANTS) CHECK ALL THAT APPLY

| <u>LICENSE / CERTIFICATION</u> | <u>ISSUING STATE</u> | <u>LICENSE NUMBER</u> | <u>EXPIRES: Month/day/year</u> |
|---|---------------------------|-----------------------|--------------------------------|
| <input type="checkbox"/> DRIVER'S TYPE _____ | _____ | _____ | ____ / ____ / ____ |
| <input type="checkbox"/> CDL Class _____ | _____ | _____ | ____ / ____ / ____ |
| <input type="checkbox"/> PROFESSIONAL _____ (Notary, RN/LPN, CPA, etc.) | _____ | _____ | ____ / ____ / ____ |
| <input type="checkbox"/> LEADS _____ | _____ | _____ | ____ / ____ / ____ |
| <input type="checkbox"/> EMS _____ | _____ | _____ | ____ / ____ / ____ |
| <input type="checkbox"/> FIRE _____ | _____ | _____ | ____ / ____ / ____ |
| <input type="checkbox"/> FIRE APPLICANTS ONLY PHYSICAL AGILITY CERTIFICATE | Testing Location _____ | Time ____ : ____ | Date _____ |
| OPOTA | Agency _____ | Date _____ | Rank in Class _____ |

I understand that if offered a position of employment that requires licenses or certifications and I fail to maintain them or otherwise lose such licenses and/or certificates, my employment can be terminated.

ALL APPLICANTS - PLEASE INITIAL: _____

Has your driver's license ever been suspended _____ or revoked _____? If yes, please give details _____

Do you have proof of auto insurance? Yes _____ No _____ If no, please explain. _____

Have you been involved in any traffic accidents within the last five years? Yes _____ No _____. If yes, please give details: _____

REFERENCES: (Provide the names, addresses and telephone numbers of three persons, not related to you, who can provide information about your suitability for a position with Copley Township. Previous supervisors, co-workers, and/or direct reports are preferred.)

| Name & Title (if applicable) | City and State | Telephone Number | Years Known |
|------------------------------|----------------|------------------|-------------|
| | | () | |
| | | () | |
| | | () | |

Were you ever fired, suspended, demoted, laid off, or asked to resign from any previous paid employment ? Yes ___ No ___
If yes, please give details: _____

Did you ever resign from a position under threat of being fired, suspended, demoted or laid off? Yes _____ No _____
If yes, please give details: _____

Have you ever served or are you presently serving in the armed forces of the United States or in a Reserve National Guard Unit? Yes _____ No _____ If yes, give details: _____

From: _____ To: _____ Branch: _____

In applying for employment with us, it is understood that we reserve the privilege of contacting past employers regarding references. May we contact your present employer? _____ Yes _____ No

EMPLOYMENT: Please list previous employment starting with your present or most recent employer. Failure to include all employment may be grounds for disqualification.

| | | | | | |
|---|--|------|-------|---|---|
| Company Name | | | | Telephone () | |
| Street Address | | City | State | Zip | Dates of Employment From: To: |
| Name of Supervisor | | | | Salary Start: End: | |
| Job Title and Summary of Responsibilities | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Reason for Leaving | |
| | | | | | |
| Company Name | | | | Telephone () | |
| Street Address | | City | State | Zip | Dates of Employment From: To: |
| Name of Supervisor | | | | Salary Start: End: | |
| Job Title and Summary of Responsibilities | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Reason for Leaving | |
| | | | | | |
| Company Name | | | | Telephone () | |
| Street Address | | City | State | Zip | Dates of Employment From: To: |
| Name of Supervisor | | | | Salary Start: End: | |
| Job Title and Summary of Responsibilities | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Reason for Leaving | |
| | | | | | |
| Company Name | | | | Telephone () | |
| Street Address | | City | State | Zip | Dates of Employment From: To: |
| Name of Supervisor | | | | Salary Start: End: | |
| Job Title and Summary of Responsibilities | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Reason for Leaving | |

**IMPORTANT
PLEASE READ BEFORE SIGNING**

Certification

I certify that all of my responses on this Application for Employment are true and complete. When an item is left blank, it is because there is no information within its scope.

My signature constitutes my authorization for Copley Township to make a thorough investigation of my entire work and personal history and may verify all of the data given in my Application for Employment, related papers, and/or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Copley Township and I release from liability any person giving or receiving any such information. I understand that my falsification of data given in my application or in any job interview or the discovery of derogatory information about me as a result of my pre-employment background check will prevent me from being hired, or if hired, will subject me to immediate dismissal.

I further understand that if I am offered employment, I will be required to undergo drug testing, which may include obtaining body tissue or fluid samples and analysis of them, and that failure to submit to and/or to pass such testing will result in withdrawal of any offer of employment or, if hired, will subject me to immediate dismissal.

I further understand that I may be asked to take a physical agility test, physical exam, psychological assessment, review of all medical records including BWC files, background and credit check.

If I am hired, Copley Township will require me to produce certain documents within three (3) business days of my hire date in order to comply with the Immigration Reform and Control Act of 1986. I further understand that any offer of employment is contingent upon providing the appropriate documents.

I also understand that if my position is an "at will" position, either Copley Township or I may terminate my employment at any time, with or without cause.

I have read, understand and agree to the above.

Signature of Applicant

Date

Sworn to before me and subscribed in my presence this _____ **day of** _____, _____

Notary Public

Thank you for your interest in employment with Copley Township

For Copley Township Use Only:

Referred to Department: _____

Interviewed by: _____ **Date** _____

**NOTICE REGARDING BACKGROUND INVESTIGATION
(IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT)**

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204 or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, State Bureau of worker compensation, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information including state worker compensation history information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

Name: _____
Please Print

Social Security Number _____

Current Address _____

City _____ State _____ Zip _____

Drivers License Number _____ State _____

Signature: _____ Date: _____