

# COPELY 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:

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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: \_\_\_\_\_

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**OTHER TRAINING OR COURSES COMPLETED:** \_\_\_\_\_

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**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:

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**SKILLS EXPERIENCE:**

Accounts Payable  Accounts Receivable  Payroll  Purchasing  Other: \_\_\_\_\_

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**OTHER EQUIPMENT/SKILLS EXPERIENCE:**

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

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

LICENSE / CERTIFICATION	ISSUING STATE	LICENSE NUMBER	EXPIRES: Month/day/year
<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 _____	_____	_____	_____ / _____ / _____
<b>FIRE APPLICANTS ONLY</b>		Testing Location	Time
<input type="checkbox"/> PHYSICAL AGILITY CERTIFICATE		_____	_____ :
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.

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Signature of Applicant

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Date

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

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***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: \_\_\_\_\_