

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	Administration
Service	Police
Fire	Finance
Zoning	

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
() Data Entry _____ kpm () Internet () Multi-line 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

LICENSE / CERTIFICATION	ISSUING STATE	LICENSE NUMBER	EXPIRES: Month/day/year
☐ DRIVER'S TYPE _____	_____	_____	____ / ____ / ____
☐ CDL Class _____	_____	_____	____ / ____ / ____
☐ PROFESSIONAL _____ (Notary, RN/LPN, CPA, etc.)	_____	_____	____ / ____ / ____
☐ LEADS _____	_____	_____	____ / ____ / ____
☐ EMS _____	_____	_____	____ / ____ / ____
☐ FIRE _____	_____	_____	____ / ____ / ____
☐ 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: _____

If 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				☐ Part Time	☐ 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				☐ Part Time	☐ 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				☐ Part Time	☐ 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				☐ Part Time	☐ 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** _____

AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

PLEASE READ CAREFULLY BEFORE SIGNING WAIVER

I, _____ acknowledge and agree that COPLEY TOWNSHIP and Alpha Background Investigations, agent acting on behalf of COPLEY TOWNSHIP may obtain a consumer report as a condition of employment and, if hired, at any time during my employment for promotion or retention purposes.

I hereby authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies to release any information and records they may have concerning my background and qualifications for employment. All information received will be in strict compliance with all federal and state laws including the Fair Credit Reporting Act 15 U.S.C. 1681 et seq., Privacy Act Title 28 (Public Act 93-579) 5 U.S.C. 552(a), Freedom of Information 5 U.S.C., 552, etc.

I understand and agree that COPLEY TOWNSHIP and Alpha Background Investigations have no duty to investigate the correctness of information received from others and that COPLEY TOWNSHIP may rely on and base its decision solely upon the information contained in such consumer reports. I agree that a photographic or facsimile copy of this document shall be as valid as the original.

Standard Services: Social Security Trace, Criminal Records, Credit Report, Driving Records, Education, Employment Verification, Professional References, Workers Compensation and any additional information needed for hiring purposes. Such as Social Media Search and Personal Reference check.

APPLICANT'S FIRST NAME:	
APPLICANT'S MIDDLE NAME/INITIAL:	
APPLICANT'S LAST NAME:	
APPLICANT'S MAIDEN NAME:	
APPLICANT'S SOCIAL SECURITY NUMBER:	
APPLICANT'S DATE OF BIRTH:	
APPLICANT'S DRIVER'S LICENSE NUMBER:	
STATE ISSUED:	
CURRENT ADDRESS:	
CITY/STATE/ZIP:	
EMAIL ADDRESS:	
OTHER NAMES USED:	
PHONE NUMBER:	

I have read and fully understand the above release.

Print Name

Signature of Applicant

Date