

# Part-Time Firefighter/Paramedic

The Copley Township Fire Department is accepting applications for

## Part-Time Firefighter/Paramedic

Annual  
Bonuses

VALUABLE  
JOB  
EXPERIENCE

Current top  
pay \$23.91/hr



PAID  
TRAININGS

### Minimum requirements

- At least 18 years of age with a High School Diploma or GED
- United States citizenship or a valid permanent resident card
- A valid Driver's License with a good driving record
- Current Ohio Firefighter Level II Certification
- Ohio EMT-Paramedic Certification at time of hire
- Have or obtain a current agility certificate from Cuyahoga Community College or Stark State College before an offer of employment; **NOT REQUIRED TO APPLY**
- Full-time positions are traditionally filled from part-time staff



Offers of employment will be made after acceptable candidates complete an application review, panel interview, and background investigation. Additional requirements include the successful completion of Medical Physical, Drug Screen, and Psychological Examination. Shifts generally range from 8 to 24 hours in duration.

Applications are available online at <http://www.copley.oh.us/> (click employment then Employee Application) or from the receptionist at Copley Township Hall, 1540 S. Cleveland-Massillon Road, Copley, OH 44321.

Applications must be notarized, accurate, legible, and complete. Resumes may be attached but may not be submitted in place of any or all of the application. Compensation rate for 2022 is \$23.91/hour. Annual bonuses available based on hours worked.

For more information, please email Copley Assistant Fire Chief Steve Blasdel at [sblasdel@copley.oh.us](mailto:sblasdel@copley.oh.us) or phone 330-666-6464.

# 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.*

<b>Position Applying For:</b> _____  <b>Date:</b> _____	<b>DEPARTMENT APPLYING FOR:</b> Dispatch Administration Service Police Fire Finance Zoning
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### 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  
 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: \_\_\_\_\_

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

**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 <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Reason for Leaving
<b> </b>	
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
<b> </b>	
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
<b> </b>	
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 FOR BACKGROUND CHECK**

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION, and certify that I have read and understand all of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Copley Township ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Corporate Screening, 16530 Commerce Court, Cleveland, Ohio 44130-6305; Tel. #1.800.229.8606; [www.corporatescreening.com](http://www.corporatescreening.com)** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

**Minnesota applicants only:** You have the right to submit a written request to the consumer reporting agency for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT" BACKGROUND INVESTIGATION**

Copley Township (the "Company"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment application for employment (including independent contractor or volunteer assignments, as applicable) and throughout your employment if you are hired or retained. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics and mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Corporate Screening, 16530 Commerce Court, Cleveland, Ohio 44130-6305; Tel. # 1.800.229.8606; [www.corporatescreening.com](http://www.corporatescreening.com)**.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copley Township ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Corporate Screening, 16530 Commerce Court, Cleveland, Ohio 44130-6305; Tel.# 1.800.229.8606; [www.corporatescreening.com](http://www.corporatescreening.com)**.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_