

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

POSITION APPLYING FOR:

Administration/Zoning - Job Title :	
Fire Department - Job Title: Other	
Part-Time Firefighter/EMT - A	
Part-Time Firefighter/EMT - I	
Part-Time Firefighter/EMT - P	
Highway Department - Job Title:	
Parks & Recreation - Job Title:	
Police Department - Job Title:	
Senior Center - Job Title:	

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number: \_\_\_\_\_  
(Day) (Evening) (Cell)

email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
(State) (Expiration)

How many months have you continuously lived at your current address? \_\_\_\_\_

If less than 12 months, please indicate previous address:

\_\_\_\_\_  
(House #) (Street) (City) (State) (Zip)

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch of Armed Forces served in: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Type of Separation: \_\_\_\_\_

**Note: To receive military credit you must submit proof of honorable separation when you file this application.**

This is to inform you that the Springfield Township Board of Trustees adopted an employee nepotism policy effective 11/5/1998. Purpose is to establish policy for the employment of immediate relatives in order to assure the reality and appearance of fairness in the best interest of the Township. It is the Township's policy that immediate relatives will not be employed in regular part-time or regular full-time positions where one relative would have authority to supervise, appoint, remove, discipline or evaluate the performance of the other; where one relative would be responsible for auditing the work of the other; or, where other circumstances exist which would place the relatives in a situation of actual or reasonable foreseeable conflict between the Township's interest and their own. Definition: Immediate family - includes spouse, child, parent, brother sister, grandparents, parent-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, or grandchildren. This policy shall also apply to persons related by blood or marriage residing in an employee's home. I have read and understand the Township's nepotism policy.

Your signature: \_\_\_\_\_

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
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) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_

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) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_

**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

**SPRINGFIELD TOWNSHIP**

2454 E. Waterloo Road  
Akron, Ohio 44312



**FIRE DEPARTMENT**

Business: 330-784-7210  
Fax: 330-794-2805

RELEASE AND AUTHORIZATION

In relation to my application for employment with the Springfield Township Fire Department, Summit County, Ohio, I fully understand the sensitive nature of this position and I recognize the necessity for a thorough investigation into my background. It is my specific intent to provide access to information, however personal or confidential it may appear to be.

In view of this need, I hereby authorize and direct you to release all information as hereafter described by any individual, partnership, corporation or any other entity, including governmental entities. I expressly waive any claim or right of action against any party as a result of the release of the information as hereafter described, regardless of any agreement I may have made with you previously to the contrary. The Springfield Township Fire Department may discontinue processing my application if you refuse to disclose the information.

This release and authorization shall include all of the following information:

1. Any information concerning my personal or employment history, to include, but not limited to, any background investigation information, psychological evaluation, or polygraph test results. Personal recollections and information about my character, personality or suitability for the job for which I have applied that are written, oral or electronic.
2. Any information concerning criminal or traffic matters including, but not limited to, arrest, conviction, plea agreements, and reports where I may have been a suspect, but never formally had criminal charges brought against me.
3. Undeleted DD-Form 214, Certificated of Release or Discharge from Active Duty, including, but not limited to, the re-enlistment code (RE), the type and reason for release or discharge and any charges, arrests or convictions which arose through the military criminal justice system.

**A photocopy or FAX of this release form will be valid, as the original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

SWORN AND SUBSCRIBED IN MY PRESENCE BY \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
SEAL

\_\_\_\_\_  
Commission Expiration Date

*Desire to Serve • Ability to Perform • Courage to Act*