

# CHIPPEWA TOWNSHIP

## APPLICATION FOR EMPLOYMENT

Chippewa Township is an Equal Opportunity Employer. Chippewa Township considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

*Note: Please use last page for any information there is not room for on the form.*

**A – GENERAL INFORMATION** (Please print all information) Date of application \_\_\_\_\_

Position applying for: <i>(If applying EMS, Fire, or CDL related job complete Section E)</i>				
Last Name		First Name	Middle Name	Social Security Number - -
Current Address Number	Street Name	City Name	State Name	Zip Code
Previous Address Number	Street Name	City Name	State Name	Zip Code
Previous Address Number	Street Name	City Name	State Name	Zip Code
Place of birth	Current height	Current weight	Office use: Date of Hire	Office use: End of Service
Home phone number	Cell phone number	E-Mail address		
Drivers license number	Expiration date	State	Endorsements	Restrictions

Has your driver's license ever been suspended or revoked?  Yes  No If yes, why? \_\_\_\_\_  
 List all traffic convictions by year and type.


**Include a photocopy of your valid Ohio driver's license**

Are you currently on "lay off" status and subject to recall?  Yes  No  
 Are you prevented from lawfully being employed because of Visa or Immigration status?  Yes  No  
 Are you available to work:  Paid on call  Part time  Full time  Shift work  Temporary

**B - EDUCATION**

Name of school	Location City & State	Year started	Year ended	Graduated		
Elementary					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Middle					<input type="checkbox"/> Yes	<input type="checkbox"/> No
High 1					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Technical 2					<input type="checkbox"/> Yes	<input type="checkbox"/> No
College 3					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other 4					<input type="checkbox"/> Yes	<input type="checkbox"/> No
5					<input type="checkbox"/> Yes	<input type="checkbox"/> No

For high schools, technical schools, and colleges list major area of study and certificates and degrees received.


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**B - EDUCATION cont.**

List any other training or education and year of completion.

See section E for EMS, Fire and CDL training

Year	Subject of training	School name	Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indicate any foreign languages you can speak, read, or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Military service – branch	Date entered	Discharge date & type	Highest rank

Describe military duties


**C – WORK EXPERIENCE**

Start with your present or last job

Employer name		Employer address		Employer phone no.	
Job title	Job description & work done		Start date	End date	
Supervisor name		Reason for leaving			

Employer name		Employer address		Employer phone no.	
Job title	Job description & work done		Start date	End date	
Supervisor name		Reason for leaving			

Employer name		Employer address		Employer phone no.	
Job title	Job description & work done		Start date	End date	
Supervisor name		Reason for leaving			

Employer name		Employer address		Employer phone no.	
Job title	Job description & work done		Start date	End date	
Supervisor name		Reason for leaving			

List any volunteer work, with dates worked and any special skills you may have.


**D – NETWORKING**

Do you belong to a social networking website I.E. Facebook, MySpace, Twitter ETC.?

If so, please list below all websites to which you are a member.

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**E – HEALTH RECORD**

Do you have any physical, mental, allergic, required or regular medication, or other problems that would affect your ability to perform the applied for job to its fullest requirements or that would require a special accommodation to permit you to do so, which the township would provide under the ADA?  Yes  No If yes describe below.


**F – CERTIFICATIONS**

Certification Title	Certification Number	Expiration Date	Instructing or Certifying Agency
CPR			
EMT - B			
EMT - I			
EMT - P			
National Registry			
PALS			
ACLS			
BTLS			
CDL			
Firefighter – 1a			
Firefighter – 1b			
Firefighter - 2			
Other			

**G – REFERENCES**

List references who are not relatives nor previous employers.

Type	Name	Address	Phone number
Work			
Work			
Work			
Personal			
Personal			

**H - CERTIFICATION OF APPLICATION AND AGREEMENT**

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers and that the entries made by me on this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

By signing this application, I authorize Chippewa Township to investigate all statements in this application, and to use the social security number, driver's license information for employment purposes, to check BMV records and to check Bureau of Criminal Identification and Investigation records for Fire and EMS personnel. I authorize Chippewa Township to investigate all statements in this application, to use the social security number and driver's license information for employment purposes and to check BMV records. I further agree and consent to being summarily discharged from employment without cause or hearing if any of the previously stated information contains any misrepresentations or falsifications or if any pertinent information has been omitted.

I understand and agree that employment with Chippewa Township is subject to additional successful completion of written aptitude tests, a physical examination by a registered physician, a physical agility test, approval by the appropriate department head, and final approval of the Chippewa Township Trustees.

I further understand that this application, with the exception of the health record information and social security number, is subject to the State of Ohio open records laws.

Signed by applicant \_\_\_\_\_

On this date \_\_\_\_\_

