

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 for 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. Attach 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Has your driving license ever been revoked or suspended?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 No.	State Issuing Board	Issue Date	Expiration 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

EDUCATION

HIGH SCHOOL: _____

ADDRESS: _____

DATE COMPLETED: _____ DIPLOMA: Yes ___ No ___ GED: Yes ___ No ___

COLLEGE: _____

ADDRESS: _____

DATE COMPLETED: _____ DEGREE: _____

COLLEGE: _____

ADDRESS: _____

DATE COMPLETED: _____ DEGREE: _____

DESCRIBE PROGRAM: _____

SPECIAL SKILLS AND TRAINING

DESCRIBE YOUR SKILLS 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: _____

REFERENCES

Do not list employers or relatives.

NAME: _____

ADDRESS: _____

PHONE: DAY _____ EVENING _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____

ADDRESS: _____

PHONE: DAY _____ EVENING _____

HOW DO YOU KNOW THIS PERSON? _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

NAME: _____

ADDRESS: _____

PHONE: DAY _____ EVENING _____

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)

(Month (Day) Year)

(Applicant's Signature)