



Fire Department - Application for Employment

68 Portage Lakes Drive, Akron, Ohio 44319
 Twp. Administration Office: 330-644-0785

Fire Dept. Administration: 330-644-3228

PRE-EMPLOYMENT QUESTIONNAIRE ~ EQUAL OPPORTUNITY EMPLOYER

LAST

Personal Information

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
CURRENT ADDRESS		CITY	STATE ZIP
PHONE	CELL PHONE	E-MAIL ADDRESS	
ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Desired Employment

POSITION	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER APPLIED TO COVENTRY TWP. BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHEN?	
HAVE YOU EVER WORKED FOR COVENTRY TWP. BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, WHEN & WHAT POSITION?	
REASON FOR LEAVING EMPLOYMENT			
NAME OF LAST SUPERVISOR			

FIRST

Education

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

DATE

General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

Former Employers

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY STARTING SALARY	MAY WE CONTACT YOUR SUPERVISOR?		
		YES <input type="checkbox"/>		NO <input type="checkbox"/>
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY STARTING SALARY	MAY WE CONTACT YOUR SUPERVISOR?		
		YES <input type="checkbox"/>		NO <input type="checkbox"/>
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY STARTING SALARY	MAY WE CONTACT YOUR SUPERVISOR?		
		YES <input type="checkbox"/>		NO <input type="checkbox"/>
NAME OF SUPERVISOR		TITLE	PHONE NUMBER	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

References

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS/ RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED
1			
2			
3			

Service Record

BRANCH OF SERVICE	DISCHARGE DATE
RANK	

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

Pre-Employment Testing

DEPENDING ON THE POSITION BEING APPLIED FOR YOU MAY BE REQUIRED TO UNDERGO PRE-EMPLOYMENT TESTING		
DO YOU AGREE TO THE FOLLOWING TESTS:		
POLYGRAPH TESTING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DRUG AND ALCOHOL SCREENING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PSYCHOLOGICAL EVALUATION	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PHYSICAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PHYSICAL AGILITY TESTING	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Required Documents

PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS		
A COPY OF YOUR CURRENT DRIVERS' LICENSE	INCLUDED <input type="checkbox"/>	N/A <input type="checkbox"/>
COMPLETED DRIVER ABSTRACT (FORM INCLUDED IN THIS PACKET)	INCLUDED <input type="checkbox"/>	N/A <input type="checkbox"/>
COPIES OF ALL FIRE CERTIFICATIONS	INCLUDED <input type="checkbox"/>	N/A <input type="checkbox"/>
COPIES OF ALL MEDICAL CERTIFICATIONS	INCLUDED <input type="checkbox"/>	N/A <input type="checkbox"/>

NOTE TO APPLICANT

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE ELIGIBLE FOR CONSIDERATION.

PLEASE MAKE SURE LEGIBLE COPIES OF ALL REQUIRED DOCUMENTS ARE INCLUDED AND THAT ALL OF YOUR INFORMATION IS CURRENT.

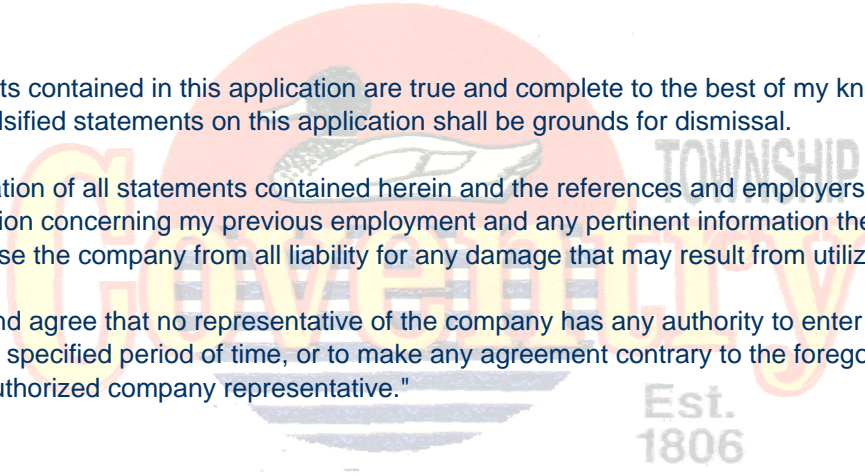
INCOMPLETE APPLICATIONS MAY BE DISCARDED.

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."



SIGNATURE

DATE

FOR OFFICE USE ONLY			
DATE APPLICATION RECEIVED:		ALL REQUIRED DOCUMENTS INCLUDED:	
NOTES:			



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

OBMV RECORD REQUEST

(Ohio Revised Code [O.R.C.] 4501.15, 4501.27, AND 4507.53)

This agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under O.R.C. 4501.27. Disclosure of this information is **REQUIRED**. **FAILURE** to provide any information will result in this form not being processed.

▶ **This request is being made by (check one):**

- An individual inquiring regarding himself or herself:** (Complete Part A) If inquiring in person for information on yourself, you must provide personal information regarding yourself, or prove your identity by presenting your driver license or identification card.
- An individual inquiring regarding another person:** (Complete Parts A and B) If inquiring regarding another individual, you must attach a notarized BMV Form 5008 giving the written consent of the person. All mail requests without the BMV Form 5008 attached will be returned to the requester.
- Other:** (Check applicable reason for request on Part C, and complete Parts A and B)

▶ **I am requesting the following personal information contained in the Bureau of Motor Vehicles records:**

<input checked="" type="checkbox"/> Driving Record [302] (\$5.00)	<input type="checkbox"/> Copy of Title Record (\$5.00)
<input type="checkbox"/> Vehicle Registration Record [303] (\$5.00)	
<input type="checkbox"/> Last Known Address [405] (\$5.00)	
<input type="checkbox"/> Copy of Driver License Application [405A] (\$5.00)	

PART A: Please provide current information regarding yourself:		NOTE: SIGNATURE REQUIRED	
YOUR NAME (REQUESTER)	DATE OF BIRTH	SIGNATURE X	DATE
CURRENT STREET ADDRESS	CITY	STATE OH	ZIP
COMPANY (IF APPLICABLE)	BMV ACCOUNT # (IF APPLICABLE)		
SOCIAL SECURITY #	DRIVER LICENSE #	LICENSE PLATE #	
VEHICLE IDENTIFICATION #	TITLE #	TELEPHONE #/FAX #	

PART B: Request regarding other person(s):			
PERSON'S NAME		DATE OF BIRTH	
STREET ADDRESS		CITY	STATE ZIP
SOCIAL SECURITY #		DRIVER LICENSE #	LICENSE PLATE #
VEHICLE IDENTIFICATION #	TITLE #		

If requesting information on more than 1 person or vehicle, attach additional sheet(s).

Additional sheet(s) attached

Make check or money order payable to Ohio Treasurer Kevin L. Boyce. If mailing, return to: Ohio Bureau of Motor Vehicles, Attn: Records Request, P.O. Box 16520, Columbus, Ohio 43216-6520. Results will be mailed to requester.

NOTE: An additional \$3.50 fee will be charged when submitting this form in person at any Deputy Registrar location or the Customer Service Center located at 1970 W. Broad St., Columbus, OH 43223.

Part C: I (requester) qualify as checked below, and I am requesting:

1. As an individual. (Complete Part A, front)
2. A record for use in the normal course of business by me as a **legitimate business** or an agent, employee, or contractor of a legitimate business, for one of the two following purposes: (a) to verify the accuracy of personal information submitted to the business, agent, employee, or contractor by an individual; (b) in case personal information submitted to the business, agent, employee, or contractor by an individual is incorrect or no longer is correct, to obtain the correct information, for the sole purpose of preventing fraud, by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
 My tax identification number is: _____
 My vendor number is: _____
 My professional license number is: _____
 Licensed by (agency): _____
3. With written consent. (Complete Parts A and B, front).
4. Records for bulk distribution for surveys, marketing, or solicitations, where the information will be used, rented, or sold solely for bulk distribution for surveys, marketing, or solicitations;
5. A record for the use of a **government agency**, including, but not limited to, a court or law enforcement agency, in carrying out its functions, or for the use of a private person or entity acting on behalf of an agency of this state, another state, the United States, or a political subdivision of this state or another state in carrying out its functions (a law enforcement agency does not need to fill out this form);
6. A record for use in connection with matters regarding **motor vehicle or driver safety and theft**; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including, but not limited to, survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers;
7. A record for use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or agency of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgment or order (a subpoena or other court order may be used instead of this form). Please provide the court and case number, or if the case has not yet been filed, the court you anticipate to file in _____;
8. A record pursuant to an order of a court of this state, another state, the United States, or a political subdivision of this state or another state (a subpoena or other court order may be used instead of this form). Please attach a certified copy of the court order.
9. Records for use in research activities or in producing statistical reports, where the personal information will not be published, redisclosed, or used to contact an individual;
10. Records for use by an insurer, insurance support organization, or self-insured entity, or by an agent, employee, or contractor of that type of entity, in connection with a claims investigation activity, anti-fraud activity, rating, or underwriting. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;
11. A record for use in providing notice to the owner of a towed, impounded, immobilized, or forfeited vehicle. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: _____;
12. A record for use by a licensed private investigative agency or licensed security service for any purpose permitted under numbers 1 through 15 of this form; my agency license number is: _____;
13. A record for use by an employer or by the agent or insurer of an employer to obtain or verify information relating to the holder of a commercial driver license or permit that is required under the "Commercial Motor Vehicle Safety Act of 1986", 100 Stat. 3207-170, 49 U.S.C. 2701, et seq., as now or hereafter amended. Please provide your Tax Identification, Vendor, or Professional license number along with the name of the licensing agency: 34-6000792 _____;
14. A record for use in connection with the operation of a private toll transportation facility;
15. A record for any other use specifically authorized by law that is related to the operation of a motor vehicle or to public safety. Please provide a copy of the relevant statute.
16. A record in order to carry out the purposes of either the "Automobile Information Disclosure Act", 72 Stat. 325, 15 U.S.C. 1231-1233, the "Motor Vehicle Information and Cost Saving Act", 86 Stat. 947, 15 U.S.C. 1901, et seq., the "National Traffic and Motor Vehicle Safety Act of 1986" 80 Stat. 718, 15 U.S.C. 1381, et seq., the "Anti-Car Theft Act of 1992", 106 Stat 3384, 15 U.S.C. 2021, et seq., or the "Clean Air Act", 69 Stat. 322, 42 U.S.C. 7401, et seq., all as now or hereafter amended, for use in connection with one or more of the following matters: (a) motor vehicle or driver safety and theft; (b) motor vehicle emissions; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles and dealers by motor vehicle manufacturers; (e) removal of non-owner records from the original owner records of motor vehicle manufacturers.

I understand that if I receive personal information under numbers 2, 3, or 5-16 of this form, I may resell or disclose the personal information only for uses permitted under numbers 2, 3, or 5-16. I understand that if I receive personal information under number 2-16 of this form, and I resell or redisclose any personal information, I must keep for a period of five years a record that identifies each person or entity that receives any of the personal information and the permitted purpose for which the information is to be used, and I must make all such records available to the Registrar of Motor Vehicles upon request.

I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

SIGNATURE X	DATE
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