



APPLICATION FOR EMPLOYMENT

68 Portage Lakes Drive, Akron, Ohio 44319
Administration Office: 330-644-0785 Fax: 330-644-4806

LAST

PRE-EMPLOYMENT QUESTIONNAIRE

Thank you for your interest in applying for a job with Coventry Township. Because of our commitment to offering the highest possible satisfaction to our residents, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests, so we can make careful and deliberate hiring decisions that will benefit both the Township and our employees. Please answer the following questions honestly, completely and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or veteran status, genetic information/history, handicap or disability, or any other

PERSONAL INFORMATION

NAME (LAST NAME FIRST) _____

IF YOU HAVE EVER BEEN KNOWN BY ANY OTHER NAME(S), PLEASE STATE WHAT NAMES AND WHEN _____

ADDRESS	CITY	STATE	ZIP
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PHONE	CELL PHONE	EMAIL ADDRESS
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IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO
(IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION FORM UPON HIRE.)

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO
IF YES, PLEASE EXPLAIN: _____

MILITARY EXPERIENCE
(COMPLETION OF THIS SECTION IS OPTIONAL. PLEASE LEAVE BLANK IF YOU DO NOT WISH TO ANSWER.)
HAVE YOU EVER BEEN IN THE UNITED STATES ARMED SERVICES? YES NO
IF YES, WHAT BRANCH? _____ RANK: _____
DESCRIBE ANY SKILLS YOU ACQUIRED IN THE SERVICE WHICH WOULD BE USEFUL TO THE JOB FOR WHICH YOU ARE APPLYING:

PLEASE COMPLETE THIS SECTION SINCE THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE TOWNSHIP VEHICLES.
DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
DRIVER'S LICENSE STATE OF ISSUE AND NUMBER: _____
HAVE YOU HAD ANY DRIVING VIOLATIONS IN THE LAST 5 YEARS? YES NO
IF YES, PLEASE EXPLAIN: _____
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, DENIED OR CANCELLED? YES NO
IF YES, PLEASE EXPLAIN: _____

FIRST

DATE

DESIRED EMPLOYMENT

POSITION <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME	DATE YOU CAN START	WAGE DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO COVENTRY TWP. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	
HAVE YOU EVER WORKED FOR COVENTRY TWP. BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND WHAT POSITION?	
REASON FOR LEAVING COVENTRY TWP. EMPLOYMENT		
NAME OF LAST COVENTRY TWP. SUPERVISOR		
DO YOU KNOW ANYONE WHO WORKS HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHO?	

EDUCATION AND TRAINING

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

LIST ANY SPECIAL SKILLS OR TRAINING YOU HAVE ACQUIRED WHICH MIGHT BE HELPFUL FOR THE JOB FOR WHICH YOU ARE APPLYING.

<ul style="list-style-type: none"> • PROVIDE COPIES OF ANY RELEVANT CERTIFICATIONS THAT YOU HAVE RECEIVED.

WORK EXPERIENCE

LIST BELOW YOUR THREE MOST RECENT EMPLOYERS, STARTING WITH THE MOST RECENT

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

REFERENCES

LIST THE NAMES OF ANY PROFESSIONAL OR PERSONAL CHARACTER REFERENCES WHO HAVE KNOWN YOU FOR THE LAST THREE YEARS. PLEASE DO NOT LIST RELATIVES.

NAME	ADDRESS AND PHONE NUMBER	BUSINESS / RELATIONSHIP TO APPLICANT	YEARS ACQUAINTED
1.			
2.			
3.			

AUTHORIZATION—PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing this application, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to Coventry Township (“the Township”), would affect my application unfavorably. If I am hired by the Township, and the Township discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job. I understand that I may be required to provide a set of fingerprint impressions and that the Township requires a criminal records check to be conducted and satisfactorily completed in accordance with section 109.578 of the Revised Code. (Please note that a criminal history that does not disqualify an applicant based on state or federal law will not automatically disqualify an applicant for employment. All relevant circumstances, including the nature of the crime, time elapsed and nature of the job will be considered in evaluating the applicant's suitability for employment.)

As an applicant for employment with the Township, I may be required to participate in pre-employment polygraph testing, and post-offer pre-employment physical agility testing where job-related and consistent with business necessity.

If offered a position, I agree to submit to post-offer pre-employment testing for drugs and alcohol prior to beginning work with the Township, and understand that a positive test will form the basis for rescission of any job offer. I also understand that if I am offered employment by the Township I may be required, pre-employment, to take a physical examination and psychological examination. If I am employed by the Township, I further understand that I may be required to submit to a test for the use of illegal drugs or alcohol at any time during my employment.

I authorize investigation of all statements contained herein and authorize 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 Township from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Township 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 Township representative.

Except where specifically prohibited by law, I agree that any claim or lawsuit arising out of my application for employment with, my employment with, or my separation of employment from the Township must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit, or within the applicable statute of limitations, whichever expires first. This limitations period applies whether the claim or lawsuit is filed by me or by the Township. Furthermore, the limitations period applies to: (1) all federal employment-related claims, including but not limited to those brought under the Age Discrimination in Employment Act (ADEA), Americans With Disabilities Act (ADA), Consolidated Omnibus Budget Reconciliation Act (COBRA), Employee Retirement Income Security Act of 1974 (ERISA), Fair Credit Reporting Act (FCRA), Fair Labor Standards Act (FLSA), Genetic Information Nondiscrimination Act (GINA), Title VII of the Civil Rights Act of 1964, and Uniformed Services Employment and Reemployment Rights Act (USERRA); and (2) to all state, municipal or local employment-related claims, including but not limited to claims for employment discrimination, wrongful discharge, retaliation or failure to pay appropriate wages or fringe benefits.

While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS OF A DURATION LONGER THAN SIX (6) MONTHS.

Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, I agree that the court shall enforce this provision to the greatest extent possible and shall declare the lawsuit barred unless it was brought within the minimum period of time within which that court finds is reasonable.

Signature

Date