

MIL TON TOWNSHIP

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



MILTON TOWNSHIP
of Mahoning County, Ohio



APPLICATION FOR EMPLOYMENT

Elements of the selection process for a sworn officer, firefighter and EMS may include:

- Fitness Test
- Initial Interview
- Job Related Skills Evaluation
- Written Test
- Background Investigation
- Oral Panel Interview
- Voice Stress Analyzer (VSA) Examination
- Drug Test
- Psychological Examination
- Physical (medical) examination

Elements of the selection process for a civilian may include:

- Oral Interview
- Job Related Skills Evaluation
- Background Investigation
- Voice Stress Analyzer (VSA) Examination

Duration of the Selection Process:

- From the beginning of the hiring process, the expected duration may take up to five months.

Re-Application

- All applications will remain active for a period of one year from the date of application. Once the one-year period has expired, a new application may be completed entirely and submitted.

TOWNSHIP OF MILTON

MINIMUM QUALIFICATIONS FOR BELOW POSITIONS: Preferably, the applicant will have no criminal history. If a criminal history exists, the applicant must not have been convicted of a felony or a misdemeanor involving honesty or public safety. There should not be a criminal misdemeanor 3 or 4 conviction within the past five years or any criminal minor misdemeanor within the past year.

SWORN OFFICER:

- US Citizen
- Twenty-one Years of Age
- Earned a high school Diploma or GED
- Valid Ohio Police Officer Training Academy Basic Certificate
- Valid Ohio Driver's License

CIVILIAN POSITIONS:

- US Citizen
- Twenty-one Years of Age
- Earned a high school Diploma or GED
- Valid Ohio Drivers License

DUTIES, RESPONSIBILITIES and REQUISITE SKILLS include, but are not limited to, the

following: SWORN OFFICER:

- Patrols the township in a vehicle or on foot during an assigned shift or turn, to prevent or detect criminal behavior, maintain order, and observe public safety conditions and circumstances within the township.
- Investigates crimes, incidents, traffic crashes, alarms, and suspicious activity or circumstances.
- Prepares and submits written reports and forms in accordance with departmental policy and procedures
- Receives complaints, inquiries, and information from citizens, in person or by telephone; provides aid, assistance, information, or referrals as required.
- Talks to residents, merchants, and visitors to maintain good community relations.
- Enforces traffic laws by stopping motorists and issuing citations or warnings as appropriate; directs traffic around traffic crashes, disabled vehicles, or obstructions; enforces parking regulations
- Performs other related tasks as assigned.

CLERICAL POSITION:

- Operates a computer terminal to input or retrieve data.
- Answers telephone, assists customers at the counter, and corresponds with parties requesting information or copies of reports. Serves as receptionist, referring calls and visitors to the proper party.
- Maintains and updates a number of files. Maintains active files, including labeling file folders and drawers and rotating file locations according to space needs.
- Answers in-coming telephone calls and assists citizens with information and referral as requested.
- Performs clerical and general office tasks as assigned.

TOWNSHIP OF MILTON

APPLICATION FOR EMPLOYMENT

Application Date: _____

Position(s) Applied For: ☐ Police Officer ☐ Firefighter /EMS ☐ Office/Clerical

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of any non-job related medical condition or handicap. This application will remain on file for one year from the date of application with Milton Township.

NAME (Last, First, Middle) (Maiden Name) _____

CURRENT ADDRESS (Street, Apt, City, State, Zip Code) _____

Length of time at Address _____

PREVIOUS ADDRESS (Street, Apt, City, State, Zip Code) _____

Length of time at Address _____

Home Phone Number _____

Work Phone Number & Ext.# _____

Mobile Phone Number _____

Email Address: _____

Driver's License Number /State _____

Social Security Number _____

U.S. Citizen: Yes No

18 Years of age or older Yes No
21 Years of age or older Yes No

**EDUCATION –
High School**

SCHOOL NAME: _____

FULL ADDRESS: _____

GPA _____

Course of Study _____

**EDUCATION –
Undergraduate**

SCHOOL NAME: _____

FULL ADDRESS: _____

GPA _____

Course of Study _____

**EDUCATION –
Graduate**

SCHOOL NAME: _____

FULL ADDRESS: _____

GPA _____

Course of Study _____

**MILITARY
INFORMATION**

Branch _____

From: _____

To: _____

Highest Rank or Grade _____

Discharged Rank or Grade _____

Type of Discharge _____

TOWNSHIP OF MILTON

EMPLOYMENT INFORMATION

List ALL employment starting with your present position, then the position before that, and so forth.
Use additional forms if needed. Do not omit any employment.

1. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
2. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
3. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you do not want us to contact.	
DO NOT CONTACT: Employer Number(s) _____ Reasons _____	

TOWNSHIP OF MILTON

4. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
5. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
6. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you do not want us to contact.	
DO NOT CONTACT: Employer Number(s) _____ Reasons _____	

TOWNSHIP OF MILTON

7. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
8. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
9. Company Name	Telephone Number
Address (Street, City, State, Zip Code)	Employed (Starting & Ending Date)
Name of Immediate Supervisor:	Other Supervisor:
State Job Title & Describe Your Work	
Reason for Leaving (Voluntary/Involuntary) Please Explain:	
We may contact the employers listed above unless you indicate those you do not want us to contact.	
DO NOT CONTACT: Employer Number(s) _____ Reasons _____	

TOWNSHIP OF MILTON

Applicant's Name: (print)

List all certifications you have obtained related to the position applied for.

Have you ever been denied a employment with any law enforcement, fire, or EMS agency? If yes, please explain: ☐ Yes ☐ No

What special skills, experiences or qualifications, related to the position(s) applied for, do you possess? (Sell yourself).

List all departments at which you have current applications filed. Note status of employment opportunities for each application (Best guess):

Do you have any driving convictions? ☐ Yes ☐ No. If "Yes," please explain.

Do you have any Criminal or Traffic charges pending? ☐ Yes ☐ No. If "Yes," please explain.

Are you computer literate? ☐ Yes ☐ No. If "Yes," please explain.

What programs are you familiar with?

To what extent?

Can you type? ☐ Yes ☐ No.

TOWNSHIP OF MILTON

REFERENCES

List three (3) references (NOT RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL DURING THE PAST FIVE YEARS:

Name	Years Known	
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Mobile Phone
Email Address:		

Name	Years Known	
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Mobile Phone
Email Address:		

Name	Years Known	
Business/Occupation		
Home Address		
Work Address		
Home Phone	Business Phone	Mobile Phone
Email Address:		

TOWNSHIP OF MILTON

WAIVER OF CONFIDENTIAL RECORDS

Name (print)

Social Security Number

Address: Street

Township/City

State

Zip Code

To Whom It May Concern:

I am an applicant for a position with the Township of Milton, Mahoning County, Ohio. The township needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above township.

I hereby authorize any representative of the Milton Township bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Milton Township, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of Milton Township regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

Initial: _____

TOWNSHIP OF MILTON

For and in consideration of the Township of Milton's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Township of Milton. I understand my rights under title 5, United States Code, section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Township of Milton in conjunction with employment procedures.

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

This waiver is valid upon my signature during the time associated with the selection process of the Township of Milton.

I agree to indemnify and hold harmless the person to whom this request and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

The following information must be completed in the presence of a certified Notary Public:

_____, having been duly sworn under oath states that this is his/her
(Print Name of Applicant)

lawful affidavit and request for release of records.

Signature of Applicant

Sworn and subscribed before me, a Notary Public this _____ day of _____,

My commission expires _____.

SEAL MUST BE AFFIXED

Signature of Notary Public

Printed Name of Notary

Printed Address of Notary

(Out of state notary must submit Certificate)

TOWNSHIP OF MILTON

Milton Township does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, veteran status or any non-job related handicap or disability except where such characteristic constitutes a bona fide occupational disqualification. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. The application will remain active and retained on file with Milton Township for one year from the date of application.

In the event of employment with Milton Township, I understand that I am responsible for learning, understanding and complying with all rules, regulations, policies and procedures of Milton Township. My failure to do so may result in my discharge.

I understand that any job offer which may result out of this employment application is contingent upon my producing satisfactory documentation specified under the Immigration Reform and Control Act of 1986 proving my identity and authorization for employment in the United States. All employment offers are conditioned upon the applicant passing the elements of the selection process (see cover page of application).

In processing this application, Milton Township may request that an investigative consumer and criminal investigative report be prepared, which may include information as to my credit and criminal history.

I certify that all statement made by me on this application are true and complete to the best of my knowledge and that I have nothing that would, if disclosed, affect this application unfavorably. I hereby authorize Milton Township to investigate the statements contained in the application and any other information I provide in connection with my application for employment. I understand that any false or misleading statements or omission may result in my application being rejected or, if I am hired, may be discharge from employment.

I hereby acknowledge that I have read the above statement, that I understand the same, and I agree with and/or consent to the terms, conditions and requirements as stated above.

The following information must be completed in the presence of a certified Notary Public:

Print Name of Applicant

(Signature of Applicant)

Sworn and subscribed before me, a Notary Public this _____ day of _____, _____

My commission expires _____, _____

SEAL MUST BE AFFIXED

Signature of Notary Public

Printed Name of Notary

(Out of state notary must submit Certificate)