



**APPLICATION  
FOR  
EMPLOYMENT**



Our Vision:

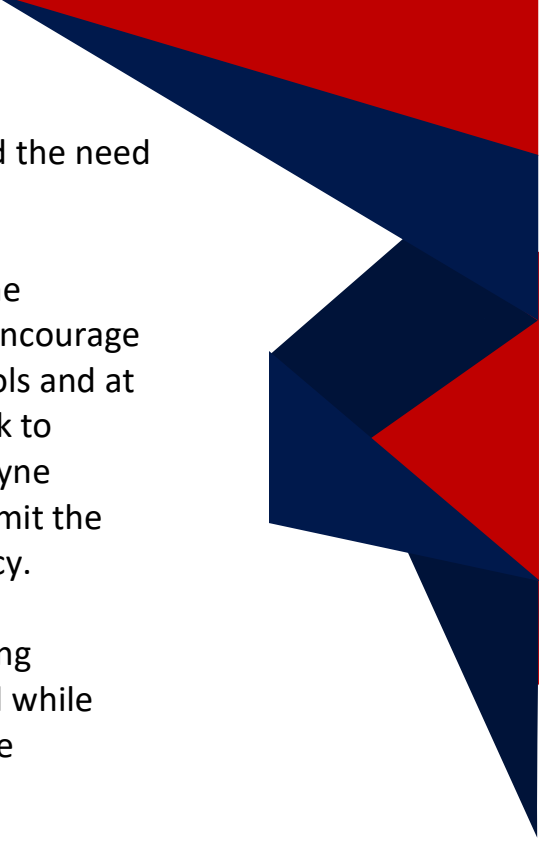
Serving honestly, professionally and with integrity, while proactively providing the best quality of life, responsible expansion, and maximizing existing infrastructure.



### Our Mission:

The Wayne Township Fire Department is committed to maintaining excellent, dependable, and prompt Fire / EMS service to the residents of the Township of Wayne and all those who live, do business or travel through the jurisdiction. We are committed to providing a dependable staff of trained personnel, to be able to respond to emergency situations as they arise. We will respond to all calls for service with care and compassion and to the best of our ability, limit the amount of loss in both property and human suffering.

We are committed to maintaining the department's skills, equipment, and manpower to be ready to respond to all calls for service. We will work constantly to improve our services to the residents of Wayne Township through learning new skills, improving old skills, and continuing education. We will work diligently in conjunction with the Butler County Sheriff's Office

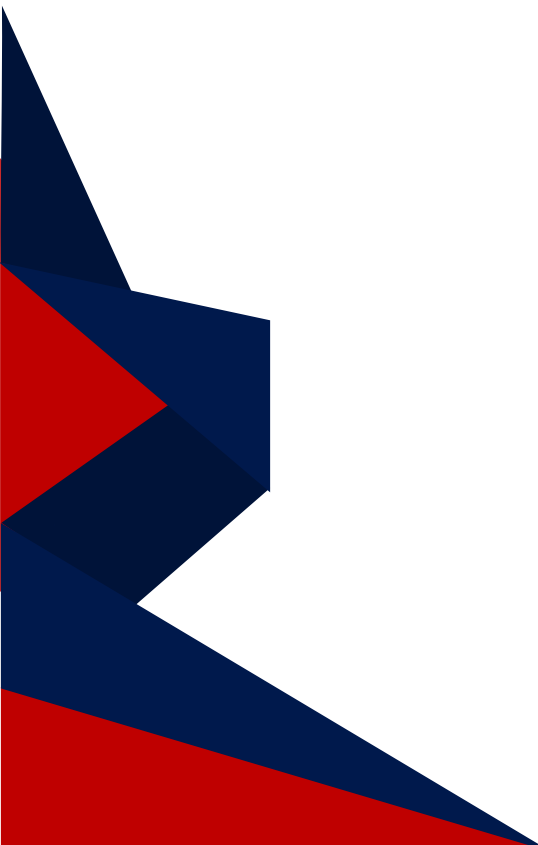


and surrounding Fire and EMS agencies, should the need arise to minimize loss of life and property.

We will work to educate the residents of Wayne Township on the use of smoke detectors and encourage their use through public education in the schools and at community events when possible. We will work to ensure all those who operate a business in Wayne Township do so in a safe manner, in order to limit the potential for loss due to fire or other emergency.

We will respond as requested to our neighboring districts to provide mutual aid whenever called while maintaining services for the residents of Wayne Township.

We pledge to perform our task in a professional manner and to maintain our integrity and the public's trust in all aspects of our duties. We will represent the Township of Wayne to all those with whom we come in contact in a positive light.



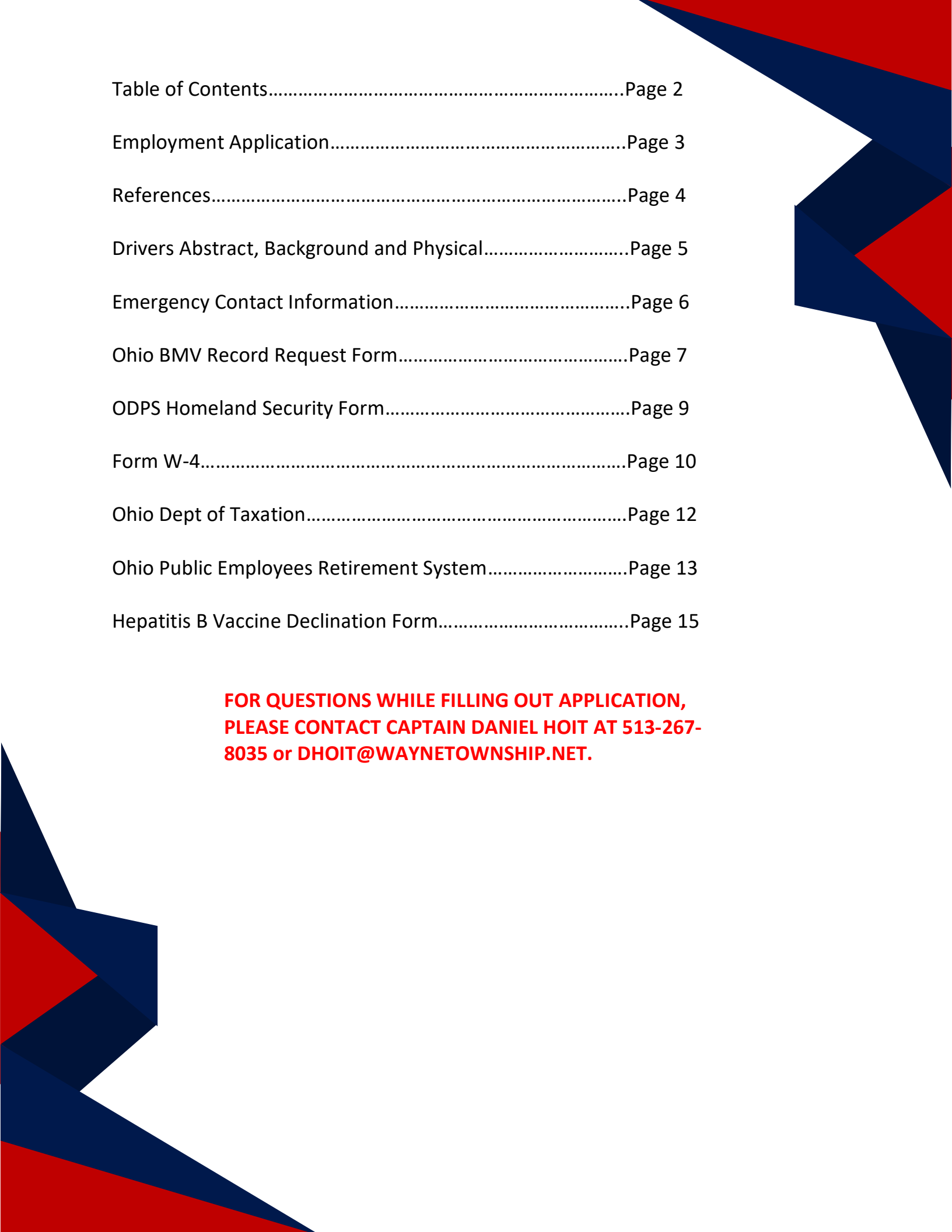


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**FOR QUESTIONS WHILE FILLING OUT APPLICATION,  
PLEASE CONTACT CAPTAIN DANIEL HOIT AT 513-267-  
8035 or [DHOIT@WAYNETOWNSHIP.NET](mailto:DHOIT@WAYNETOWNSHIP.NET).**

Wayne Township, Butler County  
Employment Application  
5967 Jacksonburg Road Trenton, Ohio 45067

Date Application Made: \_\_\_\_\_

**TO ENSURE ACCEPTANCE AND CONSIDERATION, PRINT CLEARLY AND LEGIBLY,  
COMPLETING ALL AREAS.**

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ Soc. Sec: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST FIRST MI

Current Address: \_\_\_\_\_  
NUMBER STREET NAME CITY STATE ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### RECORD OF EDUCATION

NAME OF INSITION	COURSE	YEAR COMPLETED	CERTIFICATION
HIGH SCHOOL/GED			
COLLEGE			
FIRE			
EMS			

## REFERENCES

List three people not related to you or former employers who you have known at least one year and who have knowledge of your character, experience and abilities.

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we contact this individual? Yes or No

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we contact this individual? Yes or No

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

May we contact this individual? Yes or No

I CERTIFY THAT THE INFORMATION PROVIDED IN AND WITH THIS EMPLOYMENT APPLICATION IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THE APPLICANT MUST SUBMIT THE FOLLOWING ITEMS WITH THIS  
PACKET:**

**ABSTRACT OF DRIVING RECORD**

Applicant must obtain a copy of their Abstract of Driving record to be submitted with the application.

To obtain the Abstract of Drivers Record, the applicant can visit any Ohio BMV and request a copy. The applicant should save their receipt for reimbursement from the Township.

**BACKGROUND CHECK**

Applicant must be fingerprinted and have their background check ran to be submitted to the Township. Wayne Township requires a State of Ohio background check (BCI), a federal (FBI) is not needed.

Please have background checks mailed to Chief Doug Hoit at Wayne Township Fire Department; 4575 Oxford Middletown Road, Trenton, OH 45067.

The applicant should save their receipt for reimbursement from the Township.

**PRE-EMPLOYMENT PHYSICAL AND DRUG SCREENING**

Applicant should reach out to Captain Daniel Hoit to schedule a Pre-Employment Physical and Drug Screening.

Wayne Township will schedule an appointment for the applicant at:

Premeir Occupational Health

4220 Grand Ave.

Middletown, Ohio 45044

Invoice for services rendered and results will automatically be sent to Wayne Township.



## EMERGENCY CONTACT INFORMATION

### PERSONAL INFORMATION:

MEMBER NAME: \_\_\_\_\_

CERTIFICATION NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

### FAMILY CONTACT:

SPOUSE NAME: \_\_\_\_\_

SPOUSE PHONE NUMBER: \_\_\_\_\_

### ADDITIONAL:

RELATIVE #1: \_\_\_\_\_

RELATION TO YOU: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIVE #2: \_\_\_\_\_

RELATION TO YOU: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**OHIO BMV RECORD REQUEST FORM**

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

Complete sections 1-5 of this form and provide check or money order payable to: **Ohio Treasurer of State** for applicable fees.  
Return to: **Ohio Bureau of Motor Vehicles, Attn: BMV Records, P.O. Box 16520, Columbus, Ohio 43216-6520.**  
Disclosure of the listed information below is **REQUIRED**. Failure to complete all sections may result in this form being returned.

**SECTION 1**

**Requesting Person** - Provide your full name, mailing address, and choose how the results of your request should be returned.

FULL NAME (REQUIRED)

**MAILING ADDRESS (REQUIRED)**

COMPANY NAME (If Applicable)

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

E-MAIL (If email address is illegible, invalid, or unverified, the records will be mailed to the above mailing address)

How would you like the results of your search returned to you? **Choose only one option below.** If no mark is present the results will be mailed.

☐ I would like my results emailed as provided

☐ I would like my results mailed to the address above

**SECTION 2**

Select one of the following options and provide the applicable identifiers.

**OPTION 1** ☐ I am requesting my driving or vehicle(s) record. (Provide your applicable identifiers below; no name required)

**OPTION 2** ☐ I am requesting another person's driving or vehicle(s) record. (Provide the applicable identifiers below)

**Note:** If requesting records on more than 1 person or vehicle, you may attach additional sheet(s): ☐ Check if attaching additional sheet(s)

NAME OF OTHER PERSON (If Applicable)

OHIO DRIVER LICENSE (If Applicable)

DATE OF BIRTH (If Applicable)

SOCIAL SECURITY NUMBER\*

OHIO LICENSE PLATE NUMBER (If Applicable)

VEHICLE IDENTIFICATION NUMBER (If Applicable)

OHIO TITLE NUMBER (If Applicable)

\* Social Security number is not required however, to best assist in your search please provide the Ohio BMV with as many identifiers as possible.

**SECTION 3**

Mark the type of Certified Ohio BMV Record(s) requested below. (\$5.00 Fee per Record)

☐ **Driving Record Abstract [302]** – Provides license class, status, and previous 3 years reported convictions, suspensions, & accident entries.

☐ **Vehicle Registration Record [303]** – Provides vehicle owner and vehicle information.

☐ **Last Known Address [405]** – Provides the most recent address provided to the Ohio BMV for an individual.

☐ **Vehicle Title Record** – Provides title number & title status and vehicle owner, previous owner, & lien holder information.

☐ **Driver License History [405A]** – Provides current and past driver license information to include dates of issuance, endorsements, issuance type, & license cosigner if available.

☐ **Vehicle Title Record (Historical Chain of Ownership)** – Provides list of vehicles titled to an individual or list of owners of a vehicle to include issuance dates.

☐ **Driving Record History [302]** – Provides license class, driving status, and complete listing of reported convictions, suspensions, & accidents.

**SECTION 4**

Qualification for requesting this information under R.C. 4501.27. Check one below.

- ☐ 1. As an **individual requesting own record**.
- ☐ 2. With written consent of other person. (**Attach the original completed, notarized, and signed BMV Notarized Written Consent form 5008**)
- ☐ 3. For use in connection with the operation of a **private toll transportation facility**. (**Facility name must be listed in Section 1 of this form**)
- ☐ 4. For use by any **government agency**, including any court or law enforcement agency, in carrying out its functions or any private person or entity acting on behalf of a Federal, State or Local agency in carrying out its functions.
- ☐ 5. 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 may be used instead of this form). **Attach a certified copy of the court order**.
- ☐ 6. 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. **Provide relevant documentation supporting your request**.
- ☐ 7. For use **specifically authorized by law** that is related to the operation of a motor vehicle or to public safety. **Attach a copy of the relevant statute**.
- ☐ 8. 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). **Provide the court and case number, or if the case has not yet been filed, the court in which you anticipate to file.**  
**Full Court/Agency Name:** \_\_\_\_\_ **Case No.:** \_\_\_\_\_
- ☐ 9. For use by a licensed **private investigative agency** or licensed security service for any purpose permitted under division (B) (2) of R.C. 4501.27. **Provide your agency license number:** \_\_\_\_\_
- ☐ 10. 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.  
**Provide your company's tax ID license number:** \_\_\_\_\_
- ☐ 11. 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. **If available, a minimum of 10 years of information and any medical card information will be provided.**  
**Provide your company's tax ID license number:** \_\_\_\_\_
- ☐ 12. For use in providing notice to the owner of a towed, impounded, immobilized, or forfeited vehicle.  
**Provide your company's tax ID license number:** \_\_\_\_\_
- ☐ 13. 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.  
**Provide your company's tax ID license number:** \_\_\_\_\_

**SECTION 5**

Sign and date.

Pursuant to R.C. 4501.27, I understand that if I receive personal information from the results of this request, I may not disclose that information except as authorized under R.C. 4501.27 and that if I disclose 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 understand that any unauthorized disclosure may result in civil penalties and fines.

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 (REQUIRED)

X

DATE



**PUBLIC EMPLOYMENT**

In accordance with section 2909.34 of the Ohio Revised Code

**DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION**

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

**DECLARATION**

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  
☐ Yes ☐ No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

**CERTIFICATION**

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
► **Give Form W-4 to your employer.**  
► **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ► ☐

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):	
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$	
	Multiply the number of other dependents by \$500 . . . . . ► \$	
	Add the amounts above and enter the total here . . . . .	<b>3</b> \$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b> \$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b> \$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



### Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of  
Taxation**

### Employee's Withholding Exemption Certificate

IT 4  
Rev. 5/07

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_

(See *The Finder* at [tax.ohio.gov](http://tax.ohio.gov).)

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_

3. Exemptions for dependents \_\_\_\_\_

4. Add the exemptions that you have claimed above and enter total \_\_\_\_\_

5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



## Personal History Record/Elected Official Membership

### INSTRUCTIONS

1. As a public employee you are required to complete this Form and return it to your employer within 30 days of commencing employment. Failure to do so may limit the options available to you as well as delay transactions. Please fill out the form in blue or black ink.
2. For elected officials: An elected official, or person appointed to a publicly elected position, who is not retired from an Ohio retirement system and does not have contributions on deposit with OPERS through previous elected service, has the option of contributing to OPERS or Social Security. Elected officials who choose OPERS membership are required to contribute to OPERS for all subsequent elected positions. Completion of this form indicates the elected official's irrevocable membership election.
3. Be sure your date of birth and Social Security Number, which are used to identify your account, are entered correctly.
4. Sign the form in SECTION 3 - **EMPLOYEE CERTIFICATION**. DO NOT print or type.
5. The employer is required to complete SECTION 4 - **EMPLOYER CERTIFICATION**.
6. The employer is required to return the **completed** form to OPERS no later than 30 days from when the public employee commenced employment.

### Section 1 - Personal Information

Social Security Number

First Name

MI Last Name

Suffix

Street or Mailing Address

Apt. Number

City

State

ZIP Code

Province

Country

Postal Code

Date Of Birth

Gender

☐ Male ☐ Female

Work Phone Number

Home Phone Number

Cell Phone Number

E-mail Address



## Section 2 - Other Retirement System Information

Are you currently receiving a disability benefit or an age and service retirement from any of the following retirement systems? *If applicable, please check all that apply.*

	Receiving a Disability Benefit	Receiving a Retirement Benefit
Ohio Police and Fire Pension Fund (OP&F)	<input type="checkbox"/>	<input type="checkbox"/>
State Highway Patrol Retirement System (HPRS)	<input type="checkbox"/>	<input type="checkbox"/>
Cincinnati Retirement System (CRS)	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3 - Employee Certification

I state that the information contained in this form is complete and true to the best of my knowledge and belief.

Additionally, if an elected official, my signature below indicates that I am applying for membership in OPERS for my elective service pursuant to Section 145.20 of the Ohio Revised Code. The signature date indicates the date application is made for membership.

\_\_\_\_\_  
Employee Signature (Do not print or type)

Month   Day   Year

## Section 4 - Employer Certification

Employer Code     -

Employer Name

Salary Begin Date

Month   Day   Year

Is this an elected position? Yes ☐ No ☐

Job Position Title

Is this a full-time law enforcement position? Yes ☐ No ☐

If employed in a firefighting position, is firefighter training required? Yes ☐ No ☐

I certify that if the compensation paid to this individual is earnable salary, that OPERS retirement contributions are deducted with the above employer on the salary begin date indicated above, or beginning the month that contains the signature date on this form for elected officials, and the statements set forth are true and accurate as disclosed by this employer's records.

\_\_\_\_\_  
Signature of Certifying Officer (If Certifying Officer is the new member, form should be signed by both the Certifying Officer and a council member or trustee.)

Print Certifying Officer's Name

## HEPATITIS B VACCINE DECLINATION FORM (MANDATORY)

I UNDERSTAND THAT, DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS, I MAY BE AT RISK OF ACQUIRING HEPATITIS B VIRUS (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE, AT NO CHARGE TO MYSELF. HOWEVER, I DECLINE HEPITITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITIS B, A SERIOUS DISEASE. IF IN THE FUTURE I CONTINUE TO HAVE OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS AND I WANT TO BE VACCINATED WITH THE HEPATITIS BE VACCINE, I CAN RECEIVE THE VACCINE S ERIES AT NO CHARGE TO ME.

---

SIGNATURE

DATE

IF YOU WISH TO RECEIVE THE HEPATITIS B VACCINE:

PREMIER OCCUPATIONAL HEALTH  
4220 GRAND AVE.  
MIDDLETOWN, OH 45044  
513-420-4700