



Warren Township Administration

3765 W. Market St.
Leavittsburg, OH 44430
(330) 898-2101
www.warrentownship-ohio.us

Position of Road Superintendent/Cemetery Sexton

Warren Township is accepting applications with resumes for the full time position of Road Superintendent/Cemetery Sexton. Applications can be dropped off at the Warren Township Administration Building (Attention Warren Township Trustees) at 3765 W. Market St. Leavittsburg, OH 44430 until February 26th, 2021 by 1700 hours (5pm). Applications and resume must be in a sealed envelope. Do not put your name on the return envelope. Applications are available for pickup at Warren Township Administration Building and available online at www.warrentownship-ohio.us. Salary is negotiable. Warren Township provides excellent health benefits: Personal, compensatory and vacation time are accrued annually and Ohio law provides 10 holidays. Warren Township is a member of Ohio Public Employees Retirement Plan. Warren Township is an equal opportunity employer.

Duties and Responsibilities

- Must be an active Supervisor
- Inspect all roads weekly
- Road sign maintenance and replacement as needed
- Patch holes and seal and crack fill as needed
- Plow and salt roads as needed
- Clean brush and trees from right-of-way as needed
- Dike ditches and install culverts and pipes
- Coordinate care of cemetery and burials
- Manage the legal and public records; and record keeping

Minimum Qualifications:

- High School Diploma or equivalent
- Knowledge of equipment operations
- Must possess and maintain a valid Ohio Class A or Class B Commercial Driver's License
- Must have knowledge of road maintenance and operations of heavy, light and handheld equipment

If you have any questions, please contact the Warren Township Trustees at (330) 898-2101.



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FORMER EMPLOYERS:**Employee Name:** _____

List below your last Three (3) employers, starting with most recent or current employer

| DATE MONTH & YEAR | NAME LOCATION & PHONE OF EMPLOYER | SALARY | POSITION | BRIEF REASON FOR LEAVING |
|----------------------|--------------------------------------|--------|----------|-----------------------------|
| From: | | | | |
| To: | | Per: | | |
| From: | | | | |
| To: | | Per: | | |
| From: | | | | |
| To: | | Per: | | |

REFERENCES: Give the names of Three (3) people (not related to you), whom you've know at least One (1) year

| NAME | ADDRESS & PHONE NUMBER | BUSINESS (IF ANY) | YEARS KNOWN |
|------|------------------------|-------------------|-------------|
| 1. | Phone: | | |
| 2. | Phone: | | |
| 3. | Phone: | | |

BE ADVISED: WARREN TOWNSHIP WILL DO A PRE EMPLOYMENT DRUG SCREEN

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

I authorize an investigation of all statements contained herein and the references 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 all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

SIGNATURE: _____ **DATE:** _____

Interviewed by: _____ Date: _____
 Hire? Yes No Position _____ Starting Salary _____

Warren Township Sexual Harassment Policy
Effective April 1, 2004

The mission and objectives of the Township are never achieved through the abuse of the dignity of anyone. It is the intent of this policy and procedure through the shared responsibility of management and each employee to define criteria ensuring a sexual harassment-free environment, to provide a confidential process to resolve complaints; and to denounce sexual harassment or harassment for any reason, such as harassment based on race, color, religion, national origin, age, marital status, or physical handicap, as a form of conduct that will not be tolerated in the workplace and which may result in disciplinary action up to and including discharge.

All employees are entitled to a work environment in which words and actions do not even have the appearance of disrespect. Sexually oriented jokes, cartoons, pictures, language, certain gestures and touching may be offensive to people and result in unacceptable workplace behavior. Therefore, unwelcome, unsolicited and deliberate sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature will be considered sexual harassment when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
2. submission or rejection becomes the basis of an employment decision, or
3. such conduct creates a hostile, intimidating and/or abusive work environment.

Anyone who believes he/she is a victim of sexual harassment should report any incident or harassment immediately to the Chairman of the Board of Trustees by writing 3765 West Market Street, P.O. Box 307, Leavittsburg, Ohio 44430 or calling (330)898-2101 and leaving a message and return phone number.

The complaint will be thoroughly investigated in an attempt to ascertain the facts and resolve the matter. All Witnesses, as well as the Accused and the Accuser will be privately interviewed. Findings will be documented and the proper action will be taken to correct the situation, to discipline as the findings may warrant, and to do what is appropriate to never have such incident occur again. The investigation of such cases will be kept confidential.

If the complainant is not satisfied with the written answer of the Board of Trustees, he/she may appeal to an appropriate judicial authority or administrative agency. Nothing herein, however, shall be construed as limiting an employee's right to file a complaint with the Ohio Civil Rights Commission, Federal Equal Employment Opportunity Commission, or a Court of competent jurisdiction without resort to or use of this procedure.

Employee Signature _____ Date _____

Employee Name: _____

Number: 2004-02 Date of Issue: 05-25-04 Effective Date: 05-25-04 Rescinds: N/A - New Policy

Subject: Motor Vehicle Records

Attachments: BMV 1173/BMV 5008

Warren Township Board of Trustees
Administrative Personnel Policy

I Purpose

To outline a general policy for all current employees, volunteers and future applicants of Warren Township which provides guidelines for establishing motor vehicle record (MVR) checks prior to employment and or volunteer service and for annual checks thereafter.

II Policy

Upon applying for a position, either as an employee or volunteer, with the Warren Township Board of Trustees, applicants will be required to submit an abstract of his or her motor vehicle record (MVR). The abstract can be obtained from the Ohio Bureau of Motor Vehicles using form BMV 1173/Record Request. The applicant is responsible for any cost associated with obtaining the abstract. Failure to comply with this request will terminate the application.

Current employees and or volunteers will have their MVR checked on an annual basis to ensure that their driving record meets the requirements of Warren Township's insurance carrier. The Township will request an abstract from the Ohio Bureau of Motor Vehicles using form BMV 1173/Record Request. The Notarized Written Consent Release of Personal Information, form BMV 5008, must also be attached. Motor vehicle records obtained by the Warren Township Board of Trustees will be used for the sole purpose of insurance liability and determining eligibility to operate any equipment or vehicle registered to the Warren Township Board of Trustees. In addition, employees and volunteers are required to report any changes to his or her MVR that would effect his or her status with the township insurance carrier. Failure to do so could result in suspension and or termination of employment.

Employee Name: _____

Employee Signature: _____

Date: _____

WARREN TOWNSHIP POLICE DEPARTMENT

P.O. BOX 307
3765 W. MARKET ST.
LEAVITTSBURG, OHIO 44430

LEGAL RECORDS RELEASE AUTHORIZATION

I, the undersigned, hereby grant full authority and permission to the Warren Township Police Department and any other county, state or federal law enforcement agency to release any and all records concerning criminal convictions to the Warren Township Police Department or its representatives. I release the Township of Warren and its representatives from all liability in connection with the above authorization.

Employee Name: _____

Date: _____ Signature: _____

Birthdate: _____ Social Security number: _____

WARREN TOWNSHIP ROAD DEPARTMENT
SOCIAL NETWORKING AND INTERNET USAGE

POLICY

Effective 12/15/2016

Only authorized personnel will be permitted to use the road department computers.
Computers will be used for department business only.

No person will be permitted to use or give their password to another person to gain access to the computer or internet.

No person will be permitted to change or access any file without prior authorization from the Road Superintendent.

Internet Usage:

The internet will be used for training, exporting data, updating members certifications, research relating to the Road Department and Cemetery.

Also anything authorized by the Road Superintendent

Social Networking:

No member will be permitted to slander, or threaten any township department, township official, fellow member or the general public at any time.

No one will be permitted to disseminate photos taken from any personal cell phones, cameras, or camcorders of any road department emergencies unless approved by the Road Superintendent.

All members will agree to remove any content found on any device or web page that violates this policy immediately under the direction of the Road Superintendent.

Disciplinary Action:

Anyone found violating this policy will be subject to disciplinary action up to and including immediate termination/removal from the road department.

Employee Name: _____

Employee signature _____ Date _____