



**JACKSON TOWNSHIP
STARK COUNTY, OHIO**
5735 WALES AVENUE N.W.
MASSILLON, OH 44646
EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT

POSITION APPLIED FOR:		DATE OF APPLICATION:
NAME: (Last, First, Middle)		
ADDRESS: (Number, Street, City, State, Zip Code)		
TELEPHONE NUMBER:	E-MAIL ADDRESS:	
DRIVERS LICENSE NUMBER:	SOCIAL SECURITY NUMBER:	
IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH JACKSON TOWNSHIP BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED WITH JACKSON TOWNSHIP?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY A TOWNSHIP, MUNICIPALITY, COUNTY, VILLAGE. STATE GOVERNMENT, SCHOOL OR ANY OTHER GOVERNMENTAL EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

List the last four schools you attended beginning with the most recent.

COLLEGE/UNIVERSITY NAME & LOCATION:	YEARS COMPLETED: (Check One) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	DEGREE/MAJOR:
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
HIGH SCHOOL NAME:	LOCATION: (City & State)	DID YOU GRADUATE? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

Begin with your current or last job. Include any job-related volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need additional space, please continue on a separate sheet of paper.

COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		
COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		
COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		
COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		
COMPANY/EMPLOYER:	JOB TITLE:	DATES EMPLOYED:
ADDRESS: (Number, Street, City, State, Zip Code)		
PHONE NUMBER:	IMMEDIATE SUPERVISOR:	
HOURLY RATE:	REASON FOR LEAVING:	
DUTIES PERFORMED:		

**OTHER JOB-RELATED
EXPERIENCE**

Describe any job-related skills and qualifications acquired from employment or other experience including any military service. You may also state any additional information you feel may be helpful to us in evaluating your application.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Jackson Township is of an "at will" nature, which means that the employee may resign at any time and Jackson Township may terminate employment of the employee at any time for any reason. Only the Jackson Township Board of Trustees has the authority to change an employment relationship.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of my employment. In consideration of my employment, I agree to conform to the rules, regulations, and policies of Jackson Township.

Signature of Applicant

Date



JACKSON TOWNSHIP POLICE DEPARTMENT

Mark H. Brink

Police Chief

Mark H. Brink

Chief
Jackson Twp. Police
Department.

chiefbrink@jtpd.com

Office:

(330) 834-3960

Fax:

(330) 834-3965

Mailing Address:

7383 Fulton Dr. N.W.
Massillon, OH 44646

Dispatch:

(330) 832-1553

POLICE DEPARTMENT EMPLOYMENT APPLICATION INSERT

In addition to a cover letter, resume, and Township application, candidates must submit the following information for consideration:

The Jackson Township Police Department is accepting applications for the position of full-time Patrol Officer with the Township. Full-time Patrol Officers at our agency complete a field training program of (60) rides which are divided between day, afternoon, and midnight shifts. Once officers successfully complete the training program, they are released to perform on a solo basis as a Jackson Township Police Officer.

Applications may be obtained from the Jackson Township website or at the Jackson Township Administration Building located at 5735 Wales Avenue NW, Massillon, Ohio 44646 between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

Please check all that apply:

- 21 years of age or older
- United States citizen
- Possession of a valid Ohio Driver's License
- Currently enrolled in a Police Academy

Expected date of graduation: _____

- Completion of the Ohio Peace Officer's Training Academy
- Completion of the state exam and successfully passed and received an Ohio Peace Officer Certification.

Name of Applicant

Date

Feel free to contact Major Jim Monigold at majormonigold@jtpd.com with any further questions.