



JACKSON TOWNSHIP STARK COUNTY, OHIO

5735 WALES AVENUE N.W.
MASSILLON, OH 44646

AUXILIARY BOARD APPLICATION

PLEASE TYPE OR PRINT

BOARD 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
DO YOU RESIDE WITHIN JACKSON TOWNSHIP?			<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
ARE YOU AVAILABLE TO DEVOTE ONE TO FOUR EVENINGS PER MONTH TO BOARD ACTIVITIES?			<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:		
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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