



**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:
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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 Fire Department

Jackson Township Safety Center
7383 Fulton Dr. NW
Massillon, Ohio 44646

Chief's Office:
ph: 330-834-3953
fax: 330-834-3958

Training/Fire Prevention:
ph: 330-834-3951
fax: 330-834-3959

EMS Billing:
ph: 330-834-3952
fax: 330-830-6280

FIRE DEPARTMENT EMPLOYMENT APPLICATION INSERT

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

Specialized Skills: (Check Skills/Certifications)

Firefighter II (State of Ohio) Certification Number: _____

EMT-Paramedic (State of Ohio) or Course Completion Date: _____

Fire Safety Inspector (State of Ohio)

Fire Investigator _____
(Schooling completed where) (When)

Fire/EMS/Inspector Instructor (State of Ohio) _____

Certificates of Completion in the following (in accordance with NFPA 1006):

- Rope Rescue Operations/Technician
- Confined Rescue Operations/Technician
- Trench Rescue Operations/Technician
- Swiftwater Rescue Operations/Technician
- Structural Collapse Rescue Operations/Technician
- Ice Rescue Operations/Technician

Current Valid Driver's License (Number & State) _____

Other: _____
