

### **Jackson Township Board of Zoning Appeals and Zoning Commission**

The Jackson Township Board of Trustees is accepting applications for appointments to the **Board of Zoning Appeals and the Zoning Commission**. Applicants must be residents of Jackson Township and be able to devote from one to three evenings per month to hear zoning requests. Zoning knowledge is preferred. Applications are available at the Jackson Township Administration Office, 5735 Wales Avenue N.W., Massillon, OH 44646, from 8:00 am to 4:30 pm, Monday through Friday. The deadline for submitting applications is Friday, November 13, 2020.



# APPLICATION FOR BOARD MEMBER

JACKSON TOWNSHIP TRUSTEES  
STARK COUNTY, OHIO  
5735 Wales Avenue NW  
Massillon, OH 44646

(PLEASE PRINT)

<b>Board Applied For</b>					<b>Date of Application</b>	
Trustee _____						
Board of Zoning Appeals _____ Community Improvement Corp. (CIC) _____						
Zoning Commission _____ Fire Board of Appeals _____						
<b>Last Name</b>		<b>First Name</b>			<b>Middle Name</b>	
<b>Address</b>	<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Telephone Number(s)</b>		<b>E-Mail Address</b>			<b>Social Security Number</b>	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  
 YES       NO

Are you legally eligible for employment in this country?  
 YES       NO

Have you ever filed an application with Jackson Township before?  
 YES       NO      If yes, give date \_\_\_\_\_

Have you ever been employed by Jackson Township before?  
 YES       NO      If yes, give date \_\_\_\_\_

Have you ever been employed by a Township, Municipality, County, Village, State Government, School, or any other governmental employer?  
 YES       NO      If yes, state where \_\_\_\_\_

Are you currently employed?  
 YES       NO

May we contact your present employer?  
 YES       NO

Are you available to devote from one to four evenings per month to Board activities?  
 YES       NO

Date available to begin service \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present 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.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number				
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

**EDUCATION**

List last three schools attended, starting with the most recent.

Name and Address of School	Course of Study	Years Completed	Diploma Degree

**OTHER JOB-RELATED EXPERIENCE**

Describe any job-related training or skills acquired during any military service.


Summarize any special job-related skills and qualifications acquired from employment or other experience.


**ADDITIONAL INFORMATION**

List any job-related professional, trade, business or civic organizations and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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State any additional information you feel may be helpful to us in evaluating your application.

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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 appointed position with Jackson Township is of an "at will" nature, which means that the appointed member may resign at any time and Jackson Township may terminate appointment of the appointed member at any time for any reason. Only the Board of Trustees has the authority to change an appointment 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 appointment. In consideration of my appointment, I agree to conform to the rules, regulations, and policies of Jackson Township and the bylaws of said organization to which I may be appointed.

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

\_\_\_\_\_  
Date