

PART-TIME FIREFIGHTER / EMT POSITIONS

The Jackson Township Board of Trustees is accepting applications for the part-time position of Firefighter / EMT in the Fire Department. Applicants must be a high school graduate or possess a G.E.D; be at least 18 years of age; be a United States citizen; and possess a valid Ohio driver's license. Must be certified as a Level-II Firefighter (State of Ohio); certified as an emergency medical technician (EMT-B), Intermediate, or a Paramedic (State of Ohio). Candidate must be able to work days, nights, and weekends.

The successful candidate must have the ability to perform all of the duties of a Firefighter/EMT, as addressed in the NFPA 1001 Standard and perform basic emergency medical functions. Candidate must be physically and mentally fit-for-duty; a 'Certificate of Completion' for a Firefighter Physical Agility assessment from either Tri-C or Stark State College not older than one-year from the date of this posting needs to accompany the application.

You may complete the employment application and insert, then submit it to the Jackson Township Administrator/Law Director at 5735 Wales Ave. NW, Massillon, OH 44646. Once we receive your completed application, we will contact you if we feel you may be qualified for the vacancy. NOTE: Resumes are subject to public disclosure in accordance with the Ohio Revised Code. EOE.



APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position Applied For				Date of Application		
Last Name		First Name		Middle Name		
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)		E-Mail Address			Social Security Number	

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 Date available for work _____

Type of employment desired:

Full-time Part-time Temporary Seasonal

Are you currently on "lay-off" status and subject to recall?

YES NO

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		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone number		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
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.

Specialized Skills (Check Skills/Equipment Operated)

- PC
- Microsoft Word
- Shorthand/notehand
- Fax
- Microsoft Excel
- Transcription
- Microsoft Access
- Internet
- Communications (Telephone Systems/Voicemail/Pagers)
- Other: _____

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:

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 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 SPECIFIC 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-B _____ EMT-I _____ EMT-Paramedic (State of Ohio)

_____ 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 _____

_____ Other: _____

