



## PERRY TOWNSHIP FIRE DEPARTMENT

### Application for Employment



Part-Time     Full-Time

PERRY TOWNSHIP IS AN EQUAL OPPORTUNITY EMPLOYER. EMPLOYMENT OFFERS ARE MADE ON THE BASIS OF QUALIFICATIONS, AND WITHOUT REGARD TO RACE, SEX, RELIGION, NATIONALITY OR ETHNIC ORIGIN, DISABILITY, AGE, VETERAN STATUS, OR SEXUAL ORIENTATION.

YOUR ELIGIBILITY WILL BE DETERMINED BY THE INFORMATION YOU PROVIDE ON THIS APPLICATION. FAILURE TO ANSWER EVERY ITEM TRUTHFULLY AND COMPLETELY MAY JEOPARDIZE YOUR OPPORTUNITY FOR EMPLOYMENT. PLEASE WRITE N/A IF AN ITEM DOES NOT APPLY TO YOU. SOCIAL SECURITY NUMBERS ARE USED FOR PROCESSING APPLICATIONS AND EMPLOYMENT RECORDS, RECORD CHECKS, AND BACKGROUND INVESTIGATIONS.

**PLEASE TYPE OR PRINT IN INK**

Position Applying For:	Name (Last, First, Middle):			
Street Address:		City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?		
Are you currently employed at Perry Township?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?		
Have you ever been employed by Perry Township?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:		
Are you related to any current Perry Township employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?		
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:		
Has your driver's license ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, why and date:				

#### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

**WORK EXPERIENCE**-PLEASE DETAIL YOUR ENTIRE WORK HISTORY. BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYER. IF YOU HELD MULTIPLE POSITIONS WITH THE SAME ORGANIZATION, DETAIL EACH POSITION SEPARATELY. ATTACH ADDITIONAL SHEETS IF NECESSARY. OMISSION OF PRIOR EMPLOYMENT MAY BE CONSIDERED FALSIFICATION OF INFORMATION. PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT. INCLUDE FULL-TIME MILITARY OR VOLUNTEER COMMITMENTS. PLEASE DO NOT COMPLETE THIS INFORMATION WITH THE NOTATION "SEE RESUME."

Dates Employed (most recent position) From:            To	Title: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Primary duties:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Not at all <input type="checkbox"/> Only if I am a finalist candidate	Reason for Leaving:
Dates Employed (next most recent position) From:            To	Title: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Primary duties:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Not at all <input type="checkbox"/> Only if I am a finalist candidate	Reason for Leaving:
Dates Employed (next most recent position) From:            To	Title: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Primary duties:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Not at all <input type="checkbox"/> Only if I am a finalist candidate	Reason for Leaving:
Dates Employed (next most recent position) From:            To	Title: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Primary duties:
Starting Salary: Final Salary:	Organization Name and Address:	
Supervisor's Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Not at all <input type="checkbox"/> Only if I am a finalist candidate	Reason for Leaving:

**REFERENCES - PLEASE SUBMIT NAMES OF FIVE (5) PEOPLE AS REFERENCES THAT WE MAY CONTACT. DO NOT LIST ANY RELATIVES IN THIS SECTION.**

Full Name:	Relationship:
Company:	Phone Number:
Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	
Full Name:	Relationship:
Company:	Phone Number:
Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	
Full Name:	Relationship:
Company:	Phone Number:
Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	
Full Name:	Relationship:
Company:	Phone Number:
Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	
Full Name:	Relationship:
Company:	Phone Number:
Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	
Full Name:	Full Name:
Company:	Company:
Address: <input type="checkbox"/> Work <input type="checkbox"/> Home	

**MILITARY HISTORY**

Branch of Armed Forces Served In:  Rank:	Active Duty Dates:	Type of Discharge:
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**SKILLS:** PLEASE LIST TECHNICAL SKILLS, CLERICAL SKILLS, TRADE SKILLS, ETC., RELEVANT TO THIS POSITION. INCLUDE RELEVANT COMPUTER SYSTEMS AND SOFTWARE PACKAGES OF WHICH YOU HAVE A WORKING KNOWLEDGE, AND NOTE YOUR LEVEL OF PROFICIENCY (BASIC, INTERMEDIATE, EXPERT)


**NETWORKING:** DO YOU BELONG TO A SOCIAL NETWORKING WEBSITE I.E. FACEBOOK, MYSPACE, TWITTER, ETC.? IF SO, PLEASE LIST BELOW ALL WEBSITES TO WHICH YOU ARE A MEMBER.

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I HEREBY CERTIFY THAT EVERY STATEMENT I HAVE MADE ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR INCOMPLETE ANSWER MAY BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL. I UNDERSTAND THAT I MAY BE REQUIRED TO VERIFY ALL INFORMATION GIVEN ON THIS APPLICATION. I UNDERSTAND THAT I MUST NOTIFY THE TOWNSHIP OF ANY CHANGE IN MY NAME, ADDRESS, PHONE NUMBER OR ANY OTHER PERTINENT INFORMATION.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Required Documents

**The following shall be provided with the application and assembled to the following directions:**

- **Assemble the documents in the listed order below.**
- Do not bend, staple, or bind your materials in notebooks, sheet covers, or other materials.
- Paperclip the set of documents together, and make sure that your name is written clearly on each page.
- All pages must be standard 8.5" x 11" and paper clipped together in a set.

## **DOCUMENTS**

To have your application considered, YOU SHALL:

1. Provide a 3x5 or 5x7 color photograph of yourself.
2. Provide a photocopy of your valid Ohio Driver's license.
3. Provide a photocopy of your High School diploma or equivalent.
  - a. If you are unable to obtain a copy of your diploma or GED, submit a copy of your transcript which indicates a date of graduation.
4. Provide a photocopy of your ICS 100, 200, and 700 certifications from FEMA.
5. Provide a photocopy of your Emergency Vehicle Operators Course (EVOC) certificate.
6. Provide a photocopy of Hazmat Awareness, Operations, and/or Technician Level certification.
7. Provide a photocopy of your current State of Ohio certifications card.
  - a. Must be an Ohio-certified EMT, Advanced EMT, or Paramedic
  - b. Must be an Ohio-certified Level II Firefighter
8. Provide a photocopy of your current American Heart Association Cardiopulmonary Resuscitation (CPR) certification for Healthcare Providers.
9. Provide a photocopy of your current American Heart Association Advanced Cardiac Life Support (ACLS) certification (If applicable).
10. Provide proof of car insurance.
11. Obtain and provide a BCI Background Check.

**SHALL HAVE ALL REQUIREMENTS MET BEFORE HIRING**

# **Background Check:**

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Every applicant must obtain a BCI Background Check. These background checks may be obtained at several locations. Listed below are possible locations. They can either be mailed to your residence, or Perry Township Fire Administration, 440 Canford Ave NW, Massillon, OH 44646. If you have a background check that is less than one (1) year old, you may just submit that.

## **Stark County:**

Buckeye Protective Services, Inc.  
2215 Sixth St. SW  
Canton, OH 44706  
330.456.2671  
Cost- \$30

Stark County Sheriff's Office  
4500 Atlantic Blvd. NE  
Canton, OH 44705  
330.430.3800  
Cost - \$

North Canton Deputy Registrar/License Bureau  
3187 Whitewood Street NW  
North Canton, OH 44720  
330.498.0255  
Cost- \$32

Massillon Deputy Registrar/License Bureau  
1972 Wales Road NE  
Massillon, OH 44646  
330.833.9026  
Cost - \$32

YMCA of Central Stark County  
1201 30<sup>th</sup> Street NW, Suite 200  
Canton, OH 44709  
330.491.9622  
Cost- \$

Stark County Auto Dealers Assn.  
2812 Whipple Ave NW  
Canton, OH 44708  
330.477.6655  
Cost - \$

## **Summit County:**

Barberton Police Department  
576 W Park Ave  
Basement, Room 1  
Barberton, OH 44203  
330.848.6701

University of Akron Police Department  
146 Hill Street  
Akron, OH 44325  
330.972.7123