



JOB OPPORTUNITY

Road Maintenance Specialist

The Perry Township Board of Trustees are accepting applications for the position of full-time Road Maintenance Specialist. This position is on a 24-hour call out basis for snow and ice removal and/or other emergencies.

Qualifications & Requirements

- Applicants must be a United States citizen;
- Be eighteen (18) years of age;
- Possess a high school diploma or GED;
- Possession of valid Class A or B Ohio Commercial Driver's License;
- Knowledge on operating various equipment including dump trucks, installing and mechanical repairs to storm sewers, catch basins, pavement repairs, and concrete work, which includes physical labor.
- Basic knowledge of local government, public works and its general function.

How to Apply:

Employment applications may be found on our website at www.perrytwp.com or you may obtain one in person at the Perry Township Road Department 1500 Jackson Ave. S.W. Massillon.

Submit completed application, resume, and cover letter by email by March 15, 2023 to Adavide@perrytwp.com with subject line stating: **Road Maintenance Specialist.**

Alternatively, in person at:

Perry Township Road Department
1500 Jackson Ave. S.W.
Massillon, 44646

**ADMINISTRATION
OFFICE**

3111 HILTON ST N.W.
MASSILLON, OHIO 44646

**APPLICATION FOR EMPLOYMENT
PERRY TOWNSHIP
STARK COUNTY, OHIO**



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.**

DEPARTMENT

JOB TITLE

GENERAL INFORMATION

NAME
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

INDICATE BELOW YOUR PRESENT AND PRIOR ADDRESSES. LIST ONLY THOSE THAT YOU HAVE LIVED AT THE LAST TWELVE (12) MONTHS
ADDRESS: NUMBER STREET CITY STATE ZIP CODE

HOW MANY MONTHS HAVE YOU CONTINUOUSLY LIVED AT YOUR PRESENT ADDRESS?
IF YOU HAVE LIVED AT YOUR PRESENT ADDRESS FOR LESS THAN 12 MONTHS, PLEASE INDICATE PREVIOUS ADDRESS.

PREVIOUS ADDRESS: NUMBER STREET CITY STATE ZIP CODE
HOW MANY MONTHS AT YOUR PREVIOUS?

ARE YOU A U.S. CITIZEN? YES NO HOME TELEPHONE WORK TELEPHONE

INDICATE EVERY KIND OF EMPLOYMENT YOU WOULD ACCEPT FULL TIME PERMANENT PART TIME

HAVE YOU EVER BEEN EMPLOYED BY PERRY TOWNSHIP YES NO

DATES: FROM TO POSITION

PLEASE INDICATE NEAREST RELATIVE TO BE NOTIFIED IN CASE OF EMERGENCY
NAME AND RELATION ADDRESS TELEPHONE

MILITARY

BRANCH OF ARMED FORCES SERVED IN ACTIVE DUTY DATES: FROM TO
TYPE OF SEPARATION

CRIMINAL RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OR ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU AT THE PRESENT TIME? **INCLUDE FELONIES, MISDEMEANORS, TRAFFIC, AND MILITARY CONVICTIONS.** DO NOT INCLUDE PARKING VIOLATIONS OR JUVENILE CONVICTIONS. FAILURE TO ADMIT IS CAUSE FOR DISQUALIFICATION. YOU WILL BE FINGERPRINTED PRIOR TO APPOINTMENT AND YOUR COMPLETE CONVICTION RECORD REVIEWED. FALSIFICATION OF APPLICATION IS SUFFICIENT GROUNDS FOR DISQUALIFICATION.

LIST ALL ARRESTS STILL PENDING FINAL DISPOSITION AND ALL PAST CONVICTIONS. ATTACH EXTRA SHEET IF NECESSARY.

OFFENSE _____ LOCATION _____ DATE _____ DISPOSITION _____
OFFENSE _____ LOCATION _____ DATE _____ DISPOSITION _____
OFFENSE _____ LOCATION _____ DATE _____ DISPOSITION _____
OFFENSE _____ LOCATION _____ DATE _____ DISPOSITION _____

LICENSES

IF THE POSITION APPLIED FOR REQUIRES THAT A LICENSE OR OTHER CERTIFICATION IS REQUIRED INDICATE INFORMATION BELOW. INCLUDE DRIVERS LICENSE, PROFESSIONAL LICENSE, ETC AS REQUIRED.

TYPE AND NUMBER OF YOUR LICENSE STATE ISSUING BOARD ISSUE DATE EXPIRATION DATE

CDL LICENSE CLASS A CLASS B

HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED? YES NO IF YES, DATE

CIRCLE LAST GRADE OF SCHOOL COMPLETED 7 8 9 10 11 12		SCHOOL NAME SCHOOL LOCATION		DID YOU GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, DO YOU HAVE A G.E.D. CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME AND LOCATION OF COLLEGES, TRADE OR BUSINESS SCHOOLS ATTENDED.			DATES ATTENDED		TOTAL HRS. COMPLETED	MAJOR	HOURS	TYPE OF DEGREE OR CERTIFICATE
			FROM					
			TO					
			FROM					
			TO					
			FROM					
			TO					
			FROM					
			TO					
			FROM					
			TO					
			FROM					
			TO					

WOULD YOU OBJECT TO THE TOWNSHIP CONTACTING YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

LIST YOUR EMPLOYMENT RECORD, BEGIN WITH YOUR MOST RECENT POSITION. ACCOUNT FOR PERIODS BETWEEN EMPLOYMENT. INCLUDE MILITARY SERVICE. IF MORE SPACE IS NEEDED ATTACH A SEPARATE SHEET.

MONTH YEAR TO MONTH YEAR	EMPLOYER		YOUR TITLES AND DUTIES	
	ADDRESS			
	PHONE #			
	SUPERVISOR		REASON FOR LEAVING	
MONTH YEAR TO MONTH YEAR	EMPLOYER		YOUR TITLES AND DUTIES	
	ADDRESS			
	PHONE#			
	SUPERVISOR		REASON FOR LEAVING	
MONTH YEAR TO MONTH YEAR	EMPLOYER		YOUR TITLES AND DUTIES	
	ADDRESS			
	PHONE#			
	SUPERVISOR		REASON FOR LEAVING	
MONTH YEAR TO MONTH YEAR	EMPLOYER		YOUR TITLES AND DUTIES	
	ADDRESS			
	PHONE#			
	SUPERVISOR		REASON FOR LEAVING	

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.

SIGNATURE OF APPLICANT _____ DATE _____ RECEIVED BY _____ DATE _____