



THE CITY OF
CANTON
THOMAS M. BERNABEI, MAYOR

Complete and Return to:
Mayor's Office
218 Cleveland Ave SW, 8th Floor
Canton, OH 44702
Phone: (330) 438-4300
Fax: (330) 489-3282

THOMAS M. BERNABEI
MAYOR
CITY OF CANTON, OHIO

The City of Canton is an equal opportunity employer and will not use any of the information you provide to discriminate against you on the basis of race, color, religion, sex, national origin, handicap, age or ancestry. If you need additional space to answer a question or more fully explain an answer, please attach additional sheets. This information MUST BE COMPLETED IN FULL. Please answer "none" or "not applicable" where appropriate.

· ATTACH RESUME OR SHORT BIOGRAPHY FOR CONSIDERATION ·

Full Name: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Length of Residence in Ohio: _____

Phone Numbers (Home): _____ Cell: _____ Business: _____

E-Mail Address: _____

Current Business/Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

NOTE: The City of Canton sets forth demographic qualifications for service upon many boards and commissions. Please provide the demographic information required for service upon the board or commission to which you seek appointment. If you are unsure of whether demographic qualifications exist for a specific board or commission, please contact the Mayor's office at 330.438.4300 or visit www.cantonohio.gov and click on Boards and Commissions.

Sex: Male Female Date of Birth: _____

Race:

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black or African American: All persons having origins in any of the Black racial groups of Africa.

Hispanic or Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

Other: Please self-define: _____

Are you a registered voter? Yes No County of Registration: _____

Party-Affiliation: Republican Democrat Unaffiliated Other: _____

Please specify the board or commission that interests you:

How did you hear about the opening on this board or commission?

Do you currently serve on a city board or commission? If yes, please identify:

Are you seeking reappointment? Yes [] No []

Please list any certifications, licensures, or other qualifications that pertain to the board or commission for which you are applying:

Have you ever been a member of the armed forces of the United States, its reserve components or the National Guard? If yes, please state branch, service period, and last rank:

Did you receive an honorable discharge? Yes [] No []

Have you ever been convicted of any crime or arrested for any crime for which you were not convicted, excluding minor traffic offenses? If yes, please identify:

Are all of your federal, state, and local taxes current? If no, please explain:

Within the past three years, has any business venture for which you were an owner or person responsible for remitting withholding taxes of sales taxes, failed to pay such taxes in a timely manner? If yes, please explain:

Have you ever received, other than as an employee, or has any business that you owned or of which you were the majority shareholder, ever received any income from the city? If yes, please identify the income:

Do you have, or have had, any personal, financial or business interest or dealings that might present a conflict of interest with your proposed appointment? If yes, please identify:

Please list any references of support:

EDUCATION/TRAINING (Attach a separate sheet of paper if necessary)

High School Name: Location (City, State): _____

Did you graduate? Yes [] No []

Check Year Completed: [] 9 [] 10 [] 11 [] 12

Obtained GED? Yes [] No []

School Name (College/University):

Location (City, State): _____

Did you graduate? Yes [] No []

Check Year Completed [] 1 [] 2 [] 3 [] 4 [] 5 [] 6

Major: _____

School Name (College/University): _____

Location (City, State): _____

Did you graduate? Yes [] No []

Check Year Completed [] 1 [] 2 [] 3 [] 4 [] 5 [] 6

Major: _____

School Name (College/University): _____

Location (City, State): _____

Did you graduate? Yes [] No []

Check Year Completed [] 1 [] 2 [] 3 [] 4 [] 5 [] 6

Major: _____

PLEASE LIST RELEVANT WORK EXPERIENCE:

1. _____

2. _____

3. _____

I, _____, certify that all of the answers and statements on this form are true, complete, and correct to the best of my knowledge and recollection and are made in good faith.

Signature of Applicant

I, _____, state that I understand that any information provided to the Mayor's office may be a "public record" under Ohio law. I hereby waive any right to privacy of any information I have provided herein, and I authorize the Mayor's office to investigate any of my responses.

Signature of Applicant

Complete and Return to:
Mayor's Office
218 Cleveland Ave SW
8th Floor
Canton, OH 44702
Phone: (330) 438-4300
Fax: (330) 489-3282