

CIVIL SERVICE COMMISSION

City Hall / Third Floor
218 Cleveland Avenue, S.W.
Canton, Ohio 44702 - 4218

CIVIL SERVICE COMMISSION

CITY OF CANTON, OHIO
Phone: (330) 489-3360
FAX: (330) 580-2059

*TO BE CONSIDERED FOR EMPLOYMENT YOU
MUST COMPLETE THIS ENTIRE APPLICATION
ACCURATELY.
PLEASE PRINT CLEARLY*

Present Address _____ Yr's. at this Address _____ Phone No. (____) _____

City _____ State _____ Zip Code _____ Social Security No. _____

How long have you lived in Stark County ? _____ How long have you lived in Canton ? _____ U.S. Citizen Yes ___ No ___

Have you ever been indicted or convicted of a misdemeanor ? Yes ___ No ___ If yes, give dates and explain each occasion and disposition of the charges. _____

Have you ever been indicted or convicted of a felony ? Yes ___ No ___ If yes, Was the charge reversed or annulled ? Yes ___ No ___

If yes, give date(s), Court, and Case No.(s) _____

The Civil Service Law prohibits classified employees from holding any position in a political office or club. Do you belong to any organization of this type at the present time ? Yes ___ No ___ Are you an elected official such as a precinct committee person ? Yes ___ No ___

I am available for employment as follows: ___ Temporary ___ Full-Time ___ Part-Time ___ Seasonal .

Do you have a driver's license ? Yes ___ No ___ Do you have a Commercial Driver's License ? Yes ___ No ___ If yes, License No. _____

Branch of Military Service _____ Dates Served: From _____ To _____

Rank when separated: _____ Present Reserve Status: Active ___ Inactive ___

Describe any training or honors received in military: _____

Describe duties: _____

Did you serve at least 180 days consecutive active duty service ? _____ If yes, were you honorably discharged ? _____

| TYPE OF SCHOOL | NAME | CITY & STATE | DATES ATTENDED | DEGREE | MAJOR/MINOR |
|---------------------|------|--------------|----------------------------------|--------|-------------|
| High School | | | xxxxxxxxxxxxxx xxxxxxxxxxxxxx | | |
| Vocational or Trade | | | From: To: | | |
| College | | | From: To: | | |
| College | | | From: To: | | |
| Other Training | | | From: To: | | |

Office Machines Operated _____ Factory, construction or street equipment operated? _____

Typing Speed _____ w.p.m. Shorthand Speed _____ w.p.m. Describe any other Special Training and/or Skills which are related to the kind of work you want to do:

Resume Attached Yes ___ No ___ _____

DD-214 Attached Yes ___ No ___ _____

Other _____

Name _____
Last _____
First _____
Middle Initial _____
Position _____
Test _____
Applying for _____
Date _____
Filed _____
Time _____ a.m. p.m.

WOULD YOU OBJECT TO THE CITY'S CONTACTING YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes ___ No ___
 (List your employment, starting with your most recent)

| | | | | |
|---|----------------------------|--|--------------------------|--|
| _____ to _____ month year month year _____ per _____ hrs. per salary week | Employer _____ Phone _____ | Your title and duties _____ | | May we contact yes no O O (Initial) |
| | Location _____ | _____ | | |
| | _____ | _____ | | |
| | Name of Supervisor _____ | Number of Workers you Supervised _____ | Reason for Leaving _____ | |
| _____ to _____ month year month year _____ per _____ hrs. per salary week | Employer _____ Phone _____ | Your title and duties _____ | | May we contact yes no O O (Initial) |
| | Location _____ | _____ | | |
| | _____ | _____ | | |
| | Name of Supervisor _____ | Number of Workers you Supervised _____ | Reason for Leaving _____ | |
| _____ to _____ month year month year _____ per _____ hrs. per salary week | Employer _____ Phone _____ | Your title and duties _____ | | May we contact yes no O O (Initial) |
| | Location _____ | _____ | | |
| | _____ | _____ | | |
| | Name of Supervisor _____ | Number of Workers you Supervised _____ | Reason for Leaving _____ | |
| _____ to _____ month year month year _____ per _____ hrs. per salary week | Employer _____ Phone _____ | Your title and duties _____ | | May we contact yes no O O (Initial) |
| | Location _____ | _____ | | |
| | _____ | _____ | | |
| | Name of Supervisor _____ | Number of Workers you Supervised _____ | Reason for Leaving _____ | |

Give three (3) references who are citizens of Stark County, not employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability:

| NAME | ADDRESS AND PHONE NUMBER | OCCUPATION |
|------|--------------------------|------------|
| | | |
| | | |
| | | |

PLEASE READ CAREFULLY

I hereby certify that the answers given and statements made on this application are true and correct. I am aware that a representative of the City of Canton may conduct an investigation of my background to assist in determining my suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practices fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment.

I hereby authorize all my previous employers and references to furnish any information concerning my personal character, health, reputation, habits, and work records. I hereby release all such persons and the City of Canton from liability or damages incurred as a result of furnishing or obtaining this information.

 Applicant's Signature

 Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, have applied to the City of Canton for the position of _____.

I hereby authorize the City of Canton through its employees, to conduct a background information investigation pertaining to my personal history.

I am aware of, and consent to, my personal, professional and medical background being investigated in order to determine my suitability for employment with the City of Canton. I understand in conducting a background investigation, that employees of the City of Canton may be making inquiries of schools which I have attended; physicians and other persons who may have examined or treated me for physical or other types of illness or injury; police or court records pertaining to any arrest or conviction; credit bureaus and/or other entities who may have information regarding my credit record and/or financial standing; present and previous employers and other persons who may be able to provide information about me. Such inquiries will also include a records search of documents available on OPEN online, an Internet computer service, and also WebCheck Services provided by the Ohio Bureau of Criminal Identification and Investigation.

By my signature below, I request and authorize the disclosure of the information described above. I hereby expressly release and waive the provider of the information, as well as the City of Canton and any of its employees or agents, from any liability which may arise out of the release of, or inspection of such documents, records and other information relating to the investigation made by or on behalf of the City of Canton.

I recognize the right of the City of Canton to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent, the names of such confidential sources and the information obtained therefrom. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

I understand that authorizing the disclosure of this information is voluntary. I understand that I may revoke this authorization to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I understand that by revoking this authority, my application for employment is withdrawn.

Signature of Applicant

Date

Printed Name of Applicant

Witness (any adult can be a witness)

AUTHORIZATION CANNOT BE ACCEPTED UNLESS SIGNED BY A WITNESS