

Civil Service Commission
 City Hall / Third Floor
 218 Cleveland Ave. SW
 Canton, OH 44702-4218

CITY OF CANTON, OHIO
 CIVIL SERVICE COMMISSION
 Phone: (330) 489-3360
 www.cantonohio.gov



For Office Use Only: Last Name _____

To be considered for employment you must complete this entire application accurately. **Please print clearly.**

General Information

What position are you applying for?		
Last Name	First Name	Middle Initial
Present Address	City, State, Zip Code	Years at this address
Phone Number	Alternate Phone Number	Social Security Number
How long have you lived in Stark County?	How long have you lived in Canton?	U. S. Citizen? ___ Yes ___ No
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		
Do you have a driver's license? ___ Yes ___ No	Do you have a Commercial Driver's License? ___ Yes ___ No If yes, License Number	

First Name _____

Military History

Branch of Military Service	Date 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 day of consecutive active duty service? ___ Yes ___ No	If yes, were you honorably discharged? ___ Yes ___ No

MI _____

Education

Please indicate below all of the schools you have attended beginning with high school, including trade, business, college or vocational school

Name of School	Location of School (City and State)	Major/Minor	Type of Degree

List any professional licenses, certificates or other training you have.

Date _____

Other Skills

Office Machine Operated:	Typing Speed w.p.m.
Factory, Construction, or Street Equipment Operated:	
Describe any other skills which are related to the kind of work you want to do:	

Employment History

List your employment, starting with your most recent.		
_____ to _____ month/year month/year _____ per _____ hrs.per salary week	Name of Employer and Location	Phone Number and Supervisors Name
Your title and duties:	Reason for leaving:	
Number of workers you supervised:	May we contact? ___ Yes ___ No Please initial here _____	
_____ to _____ month/year month/year _____ per _____ hrs.per salary week	Name of Employer and Location	Phone Number and Supervisors Name
Your title and duties:	Reason for leaving:	
Number of workers you supervised:	May we contact? ___ Yes ___ No Please initial here _____	
_____ to _____ month/year month/year _____ per _____ hrs.per salary week	Name of Employer and Location	Phone Number and Supervisors Name
Your title and duties:	Reason for leaving:	
Number of workers you supervised:	May we contact? ___ Yes ___ No Please initial here _____	

References

Give three (3) references who are not employers or relatives. They may be called upon to furnish 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 there from. 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