

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

(Rev. 11/98)