



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

TODAY'S DATE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

**PLEASE PRINT**

APPLICANT INFORMATION			
LAST NAME:	FIRST NAME:	MIDDLE NAME:	
ADDRESS:	CITY - STATE:	ZIP CODE:	
PHONE NUMBER:	EMAIL ADDRESS:		
DO YOU HAVE A VALID DRIVER'S LICENSE: <b>YES</b> <b>NO</b> (CIRCLE ONE)	LICENSE NUMBER:	STATE:	EXP. DATE:
EMPLOYMENT DESIRED:			
FULL - TIME                                      PART - TIME                                      SEASONAL                                      (CIRCLE ONE)			
HOW DID YOU HEAR ABOUT THE POSITION:			
_____ _____ _____			

EDUCATION			
HIGH SCHOOL	NAME:	CITY - STATE:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
			DEGREE:
COLLEGE	NAME:	CITY - STATE:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
			DEGREE:
COLLEGE	NAME:	CITY - STATE:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
			DEGREE:
TECH SCHOOL	NAME:	CITY - STATE:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
			DEGREE:
OTHER	NAME:	CITY - STATE:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
			DEGREE:
LICENSURE - CERTIFICATIONS HELD:			
_____ _____			
LIST SKILLS - QUALIFICATIONS:			
_____ _____			

MILITARY SERVICE			
BRANCH:	RANK:	CURRENT STATUS:      ACTIVE: <input type="checkbox"/> INACTIVE: <input type="checkbox"/>	DATES: FROM: _____ TO: _____
LIST TRAINING - HONORS RECEIVED:			
_____ _____			

### WORK EXPERIENCE

COMPANY	POSITION HELD:	DATES:	FROM:	TO:	
DUTIES:					
REASON FOR LEAVING:			CURRENT / FINAL WAGE:		
SUPERVISOR NAME:			ARE WE ABLE TO CONTACT SUPERVISOR:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

  

COMPANY	POSITION HELD:	DATES:	FROM:	TO:	
DUTIES:					
REASON FOR LEAVING:			CURRENT / FINAL WAGE:		
SUPERVISOR NAME:			ARE WE ABLE TO CONTACT SUPERVISOR:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

  

COMPANY	POSITION HELD:	DATES:	FROM:	TO:	
DUTIES:					
REASON FOR LEAVING:			CURRENT / FINAL WAGE:		
SUPERVISOR NAME:			ARE WE ABLE TO CONTACT SUPERVISOR:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

  

COMPANY	POSITION HELD:	DATES:	FROM:	TO:	
DUTIES:					
REASON FOR LEAVING:			CURRENT / FINAL WAGE:		
SUPERVISOR NAME:			ARE WE ABLE TO CONTACT SUPERVISOR:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### CIVIL SERVICE POSITIONS ONLY

CLASSIFIED EMPLOYEES ARE PROHIBITED FROM HOLDING ELECTED OFFICE. ARE YOU AN ELECTED OFFICIAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER APPLIED FOR BONDING AND BEEN REFUSED OR DENIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU CURRENTLY LAID OFF AND SUBJECT TO RECALL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### AFFIRMATION

I HEREBY CERTIFY THAT THE ANSWERS GIVEN AND STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I AM AWARE A REPRESENTATIVE FROM THE CITY OF MASSILLON 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 FRAUDULENTLY FILES THIS APPLICATION WILL BE REFUSED EMPLOYMENT. IF ALREADY APPOINTED, SUBSEQUENT EVIDENCE OF MISREPRESENTATION ON THIS APPLICATION OR ANY PRE-EMPLOYMENT DOCUMENT WILL BE ADEQUATE CAUSE TO TERMINATE EMPLOYMENT.

I HEREBY AUTHORIZE MY PREVIOUS EMPLOYERS TO FURNISH ANY INFORMATION CONCERNING MY PERSONAL CHARACTER, HEALTH, REPUTATION, HABITS AND WORK RECORDS. I HEREBY RELEASE ALL SUCH PERSONS AND THE CITY OF MASSILLON FROM LIABILITY OR DAMAGES INCURRED AS A RESULT OF FURNISHING OR OBTAINING THIS INFORMATION.

APPLICANT SIGNATURE:

DATE: