

EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No GED? Yes No Date Obtained: _____

If not, highest grade completed: _____

Name and location of last High School attended: _____
Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities attended below:

Name and Location	Credit Hours Received		Did you Graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

Language Skills: In what languages, other than English, are you proficient? Please list language(s) and check areas that are applicable.

Language	Read	Speak	Write	Understand

Computer Skills and Abilities: List computer software with which you have knowledge and experience: _____

EMPLOYMENT HISTORY:

List all of your employment experience within the previous ten years, beginning with your current or most recent employer. Include military experience and account for all periods you were unemployed. You may include experience beyond the ten years minimum if the previous experience is applicable to the job for which you are applying. Please make copies of the next page if additional space is needed. **Resumes will not be accepted in lieu of completion of this section of the Application for Employment form.** However, resumes may be attached to this application as supplemental material.

Current or Most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Ending Salary \$ _____ per _____						

Specific Duties: _____

Number of Employees supervised (if applicable): _____

May we contact this employer regarding your work record? Yes No

Previous Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	_____	
						Telephone Number: _____	
Hours per Week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Ending Salary \$ _____ per _____						Reason For Leaving Position: _____	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							
May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Previous Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	_____	
						Telephone Number: _____	
Hours per Week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Ending Salary \$ _____ per _____						Reason For Leaving Position: _____	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							
May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Previous Employer						Employer: _____	
From		To		Total Time		Address: _____	
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	_____	
						Telephone Number: _____	
Hours per Week _____						Your Job Title: _____	
Starting Salary \$ _____ per _____						Supervisor's Name and Title: _____	
Ending Salary \$ _____ per _____						Reason For Leaving Position: _____	
Specific Duties: _____							

Number of Employees supervised (if applicable): _____							
May we contact this employer regarding your work record? Yes <input type="checkbox"/> No <input type="checkbox"/>							

Have you ever been convicted of or plead guilty to a felony or other crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain fully.	
Have you been convicted of or plead guilty to any traffic-related offense within the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, explain fully. (A conviction will not necessarily disqualify an applicant from employment.)	

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone Number	Number of Years Known

State any additional information you feel may be helpful to us in considering your application.

How did you learn about this opening? _____

If you require special accommodations for testing, interviewing, or any portion of the application or employment process, please contact the City of Canton Human Resources Department. Any request for special accommodations should be made, if at all possible, at the time your appointment is scheduled. If any accommodation is requested, the applicant must provide verification from an appropriate professional.

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a criminal history check and/or a driver's record check. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry.

I hereby release all parties, including but not limited to the City of Canton personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Canton takes on the basis of such information.

This application for employment shall be considered active until the position is filled. At the conclusion of this time, if I have not heard from the City, but still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, a pre-employment medical examination and a pre-employment psychological examination (if applicable). By signing this application, I voluntarily agree to submit to a pre-employment drug screen, pre-employment medical examination and psychological examination (if applicable) upon receipt of a verbal offer of employment. I understand that failure to pass any of these examinations will result in the withdrawal of the employment offer.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Canton is of an "at will" nature, which means that I may resign at any time and the City of Canton may discharge me at any time with or without cause or notice.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Applicant's Signature

Date