

CITY OF CANFIELD EMPLOYMENT APPLICATION

Application for Employment		Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of any non-job related medical condition or handicap.	
Application Date		Referred by	Position(s) Applied For:
Personal Information	Social Security No. ____ - ____ - _____	Drivers License: State: _____ Number: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Other (You may mark more than one box)
	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME (Last, First, Middle)			Area Code & Phone Number
CURRENT ADDRESS (Street, Apt, City, State, Zip Code)			Length of Time at Address
PREVIOUS ADDRESS (Street, Apt, City, State, Zip Code)			Length of Time at Address
Cell Phone Number and e mail address:			Other Contact:
Education High School	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Diploma Received <input type="checkbox"/> G.E.D. Received
			Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Attendance Record		Favorite Class	
Education Undergraduate	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree
			Date Received:
GPA	Major / Minor	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Education Graduate	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Masters Degree
			Date Received:
GPA	Major / Minor	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Education Other/Academy	SCHOOL NAME: FULL ADDRESS:		<input type="checkbox"/> Masters Degree
			Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
Military Information	Branch	From:	To
Highest Rank or Grade	Terminal Rank or Grade	Type of Discharge	
Nature of Duties: Awards/Honors:			

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Employment Information	List ALL employment starting with your present position, then the last position before that, and so forth. Use additional forms if needed.		
#1: From: To	Company Name	Position / Title Held	
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor	
Other Supervisor:	Other Supervisor:	Other Supervisor:	
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#2: From: To	Company Name	Position / Title Held	
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor	
Other Supervisor:	Other Supervisor:	Other Supervisor:	
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			
#3: From: To	Company Name	Position / Title Held	
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor	
Other Supervisor:	Other Supervisor:	Other Supervisor:	
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:			

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#4: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Other Supervisor:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#5: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Other Supervisor:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#6: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Other Supervisor:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		

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#7: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Other Supervisor:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#8: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Other Supervisor:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
#9: From: To	Company Name	Position / Title Held
LOCATION (Street, City, State, Zip Code)		Immediate Supervisor
Other Supervisor:	Other Supervisor:	Other Supervisor:
Responsibilities: What did you like most about your job? What did you least enjoy? Reasons for leaving: Compensation: Attendance Record: Permission to contact for background check? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:		
Is there Other Employment NOT listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please list all other employment on a separate sheet		

of paper and attach to this form! If “No,” Applicant hereby certifies that all employment is hereby accounted for on this application, and further understands that failure to disclose any previous employment is grounds for termination in the event that applicant is hired with this agency.

Signature:

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Job Related Questions / Plans / Goals	
What special skills, experiences or qualifications, related to the position(s) applied for, do you possess? (Sell yourself).	
What are your long-term goals for employment?	
Are you computer literate? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “Yes,” please explain. What programs are you familiar with? To what extent? Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I further understand and agree that my employment is for no definite period of time and may be terminated at any time with notice, with consideration given to any applicable state, federal, or civil service rules or laws.	
Date:	Signature:

Please feel free to include your current resume and copies of applicable certifications with this application.