

# CITY OF CANFIELD

## IT Department: Updated 10/21

<b>Application for Employment</b>		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	Positions(s) Applied For: [check box below]
<b>Personal Information</b>	Social Security #: _____	Driver's License State: _____ Number: _____	<input type="checkbox"/> IT Manager <input type="checkbox"/> Network & Systems Administrator <input type="checkbox"/> IT Technician – Full Time <input type="checkbox"/> IT Technician – Part Time
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 & Area Code		Work Phone Number & Area Code (ext.#)	Email Address:
<b>Education High School</b>	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	
<b>Education Undergraduate</b>	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	
<b>Education Graduate</b>	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	
<b>Education Other/Academy</b>	SCHOOL NAME: _____ FULL ADDRESS: _____		<input type="checkbox"/> Completion  Date Received:
GPA	Course of Study	Awards/Honors/Offices	Extracurricular Activities
Why was this school chosen?			
Attendance Record		Favorite Class	
<b>Military Information</b>	Branch	From: _____ To: _____	
Highest Rank or Grade	Terminal Rank or Grade	Type of Discharge	
Nature of Duties: Awards/Honors:			

**Over**

## CITY OF CANFIELD: IT DEPARTMENT APPLICATION

<b>Employment Information</b>	List <b>ALL</b> employment starting with your present position, then the last position before that, and so forth. Use additional forms if needed.		
<b>#1:</b> From: _____ To _____	Company Name _____	Position / Title Held _____	
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____	
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____	
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 <b>Signature:</b> _____			
<b>#2:</b> From: _____ To _____	Company Name _____	Position / Title Held _____	
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____	
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____	
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 <b>Signature:</b> _____			
<b>#3:</b> From: _____ To _____	Company Name _____	Position / Title Held _____	
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____	
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____	
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 <b>Signature:</b> _____			

**Over**

## CITY OF CANFIELD: IT DEPARTMENT APPLICATION

<b>#4:</b> From: _____ To _____	Company Name _____	Position / Title Held _____
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____
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 <b>Signature:</b> _____		
<b>#5:</b> From: _____ To _____	Company Name _____	Position / Title Held _____
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____
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 <b>Signature:</b> _____		
<b>#6:</b> From: _____ To _____	Company Name _____	Position / Title Held _____
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____
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 <b>Signature:</b> _____		

**Over**

## CITY OF CANFIELD: IT DEPARTMENT APPLICATION

<b>#7:</b> From: _____ To _____	Company Name _____	Position / Title Held _____
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____
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 <b>Signature:</b> _____		
<b>#8:</b> From: _____ To _____	Company Name _____	Position / Title Held _____
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____
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 <b>Signature:</b> _____		
<b>#9:</b> From: _____ To _____	Company Name _____	Position / Title Held _____
LOCATION (Street, City, State, Zip Code) _____		Immediate Supervisor _____
Other Supervisor: _____	Other Supervisor: _____	Bus. Phone: _____
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 <b>Signature:</b> _____		
<b>Other Employment?</b> <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! 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.		
<b>Signature:</b> _____		

## CITY OF CANFIELD: IT DEPARTMENT APPLICATION

<b>Job Related Questions / Plans / Goals</b>	<b>Applicant's Name:</b> (print)
List all IT related certifications you have attained:	
What special skills, experiences or qualifications, related to the position(s) applied for, do you possess?	
List all companies/municipalities at which you have current applications filed. Note status of employment opportunities for each application:	
If applying for a part time position: What are your available hours and days to train and work at this agency?	
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 and/or termination from the civil service list.	
<b>Date:</b>	<b>Signature:</b>

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

*The City of Canfield is an Equal Opportunity Employer and maintains a policy of Equal Employment Opportunity for all employees and applicants. The City of Canfield does not discriminate in employment or the provision of services on the basis of race, color, national origin and ancestry, gender (sex), religion, age, disability, sex (wages), military status, genetic information, pregnancy, or any other characteristic protected by Federal or State law.*

# City of Canfield IT Department

## WAIVER OF CONFIDENTIAL RECORDS

Name (print)		Date of Birth	Social Security Number	
Address:	Street	City	State	Zip Code

To Whom It May Concern: I am an applicant for a position with the Canfield Police Department, City of Canfield, Ohio. The department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the City of Canfield bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Canfield, whether said records are of public private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Canfield to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in my case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Canfield regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

**Initial:** \_\_\_\_\_

For and in consideration of the City of Canfield's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Canfield. I understand my rights under Title 5, United States Code, section 552a, the Privacy Act of 1974 and related Ohio Revised Code sections, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the City of Canfield in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid upon my signature during the time associated with the selection process of the City of Canfield.

I agree to indemnify and hold harmless the person to whom this request and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

**The following information must be completed in the presence of a certified Notary Public:**

\_\_\_\_\_, having been duly sworn under oath states that this is his/her  
Name of Applicant/ Affiant

lawful affidavit and request for release of records.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SEAL MUST BE AFFIXED**

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Printed Address of Notary

**(Out of state notary must submit Certificate)**