



# City of Canfield

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CANFIELD, OHIO 44406-1416

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www.ci.canfield.oh.us



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## JOB OPPORTUNITY

### PUBLIC WORKS LABORER

Current Salary : Minimum Starting Wage:

\$23.25/hr. & higher depending upon certifications

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*Following is a brief overview of the position. Please review the entire job description (attached) for a complete listing of the essential duties, responsibilities, physical demands and working environment, minimum qualifications, and other requirements of this position.*

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#### **Required:**

Must be at least 18 years of age, Must have High School diploma or G.E.D. certificate, Valid Ohio driver's license or available transportation, Clear diction and legible handwriting, Ability to deal with the public in calm, polite manner, Normal hearing and vision (corrected vision is acceptable), Prior to appointment, the applicant must pass a CVSA, background check and a physician must sign off on the job description, The "Public Works Laborer" is a union, civil service position. The probationary period for the position of "Public Works Laborer will be twelve (12) months, Other qualifications as deemed necessary by the Public Works Superintendent and City Manager.

#### **Preferred**

Valid Ohio drivers license with CDL

Class I Water Distribution License, Class I Wastewater Distribution License

Class III Wastewater Distribution License, Backflow Certification

#### **How to Apply:**

Application forms may be downloaded <https://canfield.gov/employment-opportunities/> or obtained at the City of Canfield Municipal Building, 104 Lisbon St., Canfield, Ohio 44406 between 8am and 4:30pm Monday through Friday. Notarized completed applications must be returned to the City of Canfield Municipal Building. The city will collect applications until the position(s) are filled. Qualified candidates will be notified if they are deemed eligible to participate in the hiring process. Questions can be referred to City Manager David D'Apolito at 330-533-1101 or [ddapolito@canfield.gov](mailto:ddapolito@canfield.gov)

*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.*

Date Posted: 11/22/24



**CLASSIFICATION SPECIFICATION**  
CITY OF CANFIELD (UPDATED 9/24)  
AN EQUAL OPPORTUNITY EMPLOYER

## Class Title: Public Works Laborer

### REQUIRED QUALIFICATIONS FOR APPOINTMENT

- Must be at least 18 years of age
- Must have High School diploma or G.E.D. certificate
- Valid Ohio driver's license (must obtain C.D.L. within 6 months of appointment)
- Clear diction and legible handwriting
- Neat and Clean appearance
- Normal hearing and vision (corrected vision is acceptable).
- Upon filing an application and/or resume, Civil Service approval and prior to appointment, applicant must pass a CVSA, background check, a drug screen and a physician must sign off on the job description.
- The probationary period for the position of "Public Works Laborer" will be twelve (12) months.
- Other qualifications as deemed necessary by the city manager and/or human resource director.

### JOB DESCRIPTION

#### (FACTORS AND CONDITIONS WHICH ARE ESSENTIAL CHARACTERISTICS OF THE POSITION)

Under the supervision of the public works foreman, perform maintenance and repair, on and in, all city facilities within the divisions of water, sewer, streets, cemeteries, parks, public lands and buildings, and any other task as assigned by the public works foreman, public works supervisor or city manager.

### MAJOR RESPONSIBILITIES & DUTIES

A public works laborer is responsible for the operation of a variety of construction and maintenance equipment and for performing manual labor activities as needed and/or required by the public works department. Although road maintenance is the most common type of work performed, laborers in this position class also work in park maintenance, as sign crews, sewage crews, and in other related areas. The position requires operation of city-owned vehicles, such as pick-up trucks, dump trucks, salt spreaders, snow plows, etc.; the operation of light power tools and equipment, such as mowers, chain saws, air compressor, etc.; inspection and repair of equipment as required by department procedures as well as the ability to make repairs to city roads, curbs and sidewalks; mow grass, prune trees and hedges, plant flowers and trees; clean public works offices, garage areas and park facilities, as well as clean up litter and empty trash cans; maintenance of sanitary and storm sewers, water lines and making repairs and/or conducting routine maintenance procedures; sweeping and clean-up of debris and materials from the roads; snow and ice removal, including manual shoveling of snow; along with conducting other job related duties as directed by the public works equipment operator, public works foreman, public works supervisor, the city manager or his/her designee.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position, if the work is similar, related or a logical assignment of the position.

<b>WORK CONDITIONS</b>
<p>The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of the job, the employee is regularly required to stand; walk; sit; use hands to finger, handle or feel objects, tools or controls; lift and reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The employee must frequently lift and/or move up to twenty-five (25) lbs. and occasionally lift and/or move up to one hundred (100) lbs. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. While performing the outdoor duties of this job, the public works laborer often works in varying outside weather conditions and will be exposed to wet, humid, frigid or hot temperatures; may be subjected to airborne particles and extremely noisy environments. The employee may also need to inspect or work in elevated or sub-terrain locations, while using heavy or unwieldy equipment.</p>

# CITY OF CANFIELD APPLICATION

Updated: 7/12/24

<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: (you may check more than one)	<input type="checkbox"/> City Position _____	<input type="checkbox"/> Full Time Dispatcher	
	<input type="checkbox"/> Full Time Police Officer	<input type="checkbox"/> Part Time Dispatcher	
	<input type="checkbox"/> Part Time Police Officer	<input type="checkbox"/> Other (write in title)	_____
	<input type="checkbox"/> Auxiliary Police Officer		
<b>Personal Information</b>	Social Security #: ____-____-____	Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
	U.S. Citizen <input type="checkbox"/> yes <input type="checkbox"/> no	Drivers License: State: _____ Number: _____	
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:	E Mail Address:	Other Number:	
<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:			

<b>Employment Information</b>		List ALL current and previous employment starting with your present position, then the 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:	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>			
#2: 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>			
#3: 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>#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>		

<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>			

<p><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.</p> <p><b>Signature:</b></p>
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<b>Job Related Questions / Plans / Goals</b>	<b>Applicant's Name: (print)</b>
List any relevant certifications you have attained:	
What special skills, experiences or qualifications, related to the position(s) applied for, do you possess?	
List all job applications you currently have filed. Note status of employment opportunities for each application:	
What are your available hours and days to train and work at this agency?	
What are your long-term goals for employment?	
<p>Do you have any prior Domestic Violence arrests and/or convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>Applicant hereby certifies that ALL criminal history (regardless of convictions) is hereby accounted for on this application, and further understands that failure to disclose any previous or pending criminal history is grounds for termination in the event that applicant is hired with this agency. Applicant hereby grants permission to the Canfield P.D. to conduct a criminal record check through all available sources.</p> <p style="text-align: center;"><b>Signature:</b></p>	
<p>Do you have any driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>Do you have any prior Driving Under the Influence arrests and/or convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes," please explain.</p> <p>Applicant hereby certifies that ALL driving record history within the past fifteen years is hereby accounted for on this application, and further understands that failure to disclose any previous or pending driving record is grounds for termination in the event that applicant is hired with this agency. Applicant hereby grants permission to the Canfield P.D. to conduct a license records check through all available sources.</p> <p style="text-align: center;"><b>Signature:</b></p>	
<p>Are you computer literate? <input type="checkbox"/> Yes <input type="checkbox"/> No. What programs are you familiar with? And to what extent?</p> <p>Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No.</p>	
<p>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.</p> <p><b>Date:</b> _____ <b>Signature:</b> _____</p>	

**Applicant may attach a current resume and copies of applicable certifications with this application.**



**CITY OF CANFIELD**  
**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 City of Canfield, Ohio. The city 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 Canfield Police Department 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 Canfield Police Department, 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. 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 Canfield Police Department 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 Canfield Police Department 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)**