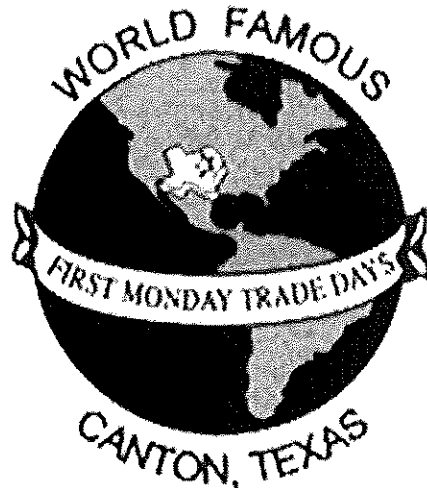


CITY OF CANTON

EMPLOYMENT APPLICATION



APPLICANT NAME: _____

DATE SUBMITTED: _____

RECEIVED BY: _____

Applications must be completed to be considered for this position. Resumes and attachments may be attached for whatever information they contain, but not in place of the completed application. When you submit your application, it should clearly describe how you meet the minimum requirements (education, experience, knowledge, skills and abilities)

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

CITY OF CANTON

APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. PLEASE PRINT.

Position(s) applied for: _____ Date: _____
 Referral Source: Advertisement Employee Relative Walk-in Other
 Name of Source _____

Name: _____	SSN _____
Address: _____	
Street	City
State	Zip Code
Phone _____	
Home	Cell
	E-Mail

If necessary, best time to call you at home is _____

May we contact you at work? Yes No

If yes, work number and best time to call _____

If under 18, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give date(s) and position(s) _____

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ Desired salary range: \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal

Will you travel if job requires it? Yes No

Are you able to meet attendance requirements of this position? Yes No

Will you work overtime, if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, give date(s) and detail(s). _____

Driver's license number, if driving is an essential job function _____ State _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims that I may have regarding the employers, its agents, employees or representatives, for seeking, gathering and suing such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definitive duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid under they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The principal purpose for requesting the information on this form is to conduct background checks on individual selected for critical positions. The CITY OF CANTON'S policy authorizes the maintenance of this information. Furnishing all information requested on this form is mandatory. Failure to provide such information shall result in a determination that the applicant is ineligible for employment or not appropriate for reassignment.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and believe. I understand that the CITY OF CANTON solicits this information so as to be informed of my previous record and character. I understand that my employment with the CITY OF CANTON depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

Signature of Applicant: _____ Date: _____