



Municipal Government Administration Building
 151 Lincoln Way East
 Massillon, OH 44646

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PLEASE PRINT

PERSONAL INFORMATION

Today's Date:		Position Applying For:	
Last Name:	First Name:	Middle Name:	
Address:	City:	Zip:	
Home Phone:	Cell Phone:		
Email Address:			
Do you have a Valid Driver's License: YES NO (circle)		State:	Number: Exp:
How did you hear about this position:			
Type of employment desired:	Full-time	Part-time	Seasonal (circle)

EDUCATION

Level	Name of School and City/ State	Did you Graduate?	Degree
High School			
College/ Vocational			
Additional Education			

WORK EXPERIENCE

Dates of Employment:	
Reason for Leaving:	Pay:
COMPANY:	LOCATION:
DUTIES:	
Supervisors Name:	May we contact (circle one): YES NO

Phone Screen by: _____

1st Interview by: _____

2nd Interview by: _____

Dates of Employment:	
Reason for Leaving:	Pay:
COMPANY:	LOCATION:
DUTIES:	
Supervisors Name:	May we contact (circle one): YES NO

Dates of Employment:	
Reason for Leaving:	Pay:
COMPANY:	LOCATION:
DUTIES:	
Supervisors Name:	May we contact (circle one): YES NO

Dates of Employment:	
Reason for Leaving:	Pay:
COMPANY:	LOCATION:
DUTIES:	
Supervisors Name:	May we contact (circle one): YES NO

MILITARY SERVICE

BRANCH:	RANK:	FROM:	TO:
PRESENT STATUS: (CIRCLE)	ACTIVE	INACTIVE	
Describe any training or honors received:			

CIVIL SERVICE POSITIONS ONLY

Civil Service law prohibits classified employees from holding elected positions. Are you an elected official? (circle one)	YES NO
Have you ever applied for bonding and been refused? (circle one)	YES NO
Are you currently on lay-off status and subject to recall? (circle one)	YES NO

I hereby certify that the answers given and statements made on this application are true and correct. I am aware a representative from the City of Massillon may conduct an investigation of my background to assist in determining my suitability for this employment. I further understand that any applicant that intentionally makes a false statement or who practices fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment. I hereby authorize all my previous employers to furnish any information concerning my personal character, health, reputation, habits, and work records. I hereby release all such persons and the City of Massillon from liability or damages incurred as a result of furnishing or obtaining this information.

Applicant's Signature:	DATE:
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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, have applied to the City of Massillon for the position of _____ . I hereby authorize the City of Massillon through its employees, to conduct a background information investigation pertaining to my personal history.

I am aware of, and consent to, my personal, professional and medical background being investigated in order to determine my suitability for employment with the City of Massillon. I understand in conducting a background investigation, that employees of City of Massillon may be making inquiries of schools which I have attended; physicians and other persons who may have examined or treated me for physical or other types of illness of injury; police or court records pertaining to any arrest or conviction; credit bureaus and / or other entities who may have information regarding my credit record and/or financial standing; present and previous employers and other persons who may be able to provide information about me. Such inquiries will also include a record search of documentation available on OPEN online, an Internet computer service, and also WebCheck Services provided by the Ohio Bureau of Criminal Identification and Investigation.

By my signature below, I request and authorize the disclosure of the information described above. I hereby expressly release and waive the provider of the information, as well as the City of Massillon and any of its employees or agents, from any liability which may arise out of the release of, or inspection of such documents, records and other information relating to the investigation made by or on behalf of the City of Massillon.

I recognize the right of the City of Massillon to treat, at its discretion, certain sources of information as confidential, and its right to withhold from me or my agent, the names of such confidential sources and the information obtained there from. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

I understand that authorizing the disclosure of this information is voluntary. I understand that I may revoke this authorization to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I understand that by revoking this authority, my application for employment is withdrawn.

Signature of Applicant

Date

Printed Name

Witness

Authorization cannot be accepted unless signed by a witness