

CIVIL SERVICE COMMISSION

CITY OF MASSILLON, OHIO

Phone (330)830-1763
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CIVIL SERVICE COMMISSION

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

TO BE CONSIDERED FOR EMPLOYMENT YOU
MUST COMPLETE THIS ENTIRE APPLICATION ACCURATELY.
PLEASE PRINT CLEARLY

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

Present Address _____ Years at this address _____

City _____ State _____ Zip Code _____ Social Security No. _____

Phone Number _____ Email Address _____

Alternate Phone Number _____

How long have you lived in Stark County? _____ How long have you lived in Massillon? _____ U.S. Citizen? YES NO

The Civil Service law prohibits classified employees from holding any elected position. Are you an elected official such as a precinct committee person? YES NO

Have you ever applied for bonding and been refused? YES NO

Are you on lay-off and subject to recall? YES NO

Do you have a Driver's license? YES NO

Do you have a Commercial Driver's license? YES NO If yes, License No. _____

Have you ever had your Driver License suspended or revoked? YES NO

Branch of Military Service: _____ Date Served: From _____ To _____

Rank when separated: _____ Present Reserve Status: Active Inactive

Describe any training or honors received in military: _____

Describe duties: _____ Military Credit Claim: YES NO

Did you serve at least 180 consecutive days active duty service? YES NO If yes, were you honorably discharged? _____

TYPE OF SCHOOL	NAME	CITY & STATE	DATES ATTENDED	DEGREE	MAJOR/MINOR
High School			XXXXXXXXXX		
Vocational or Trade			From		
			To		
College			From		
			To		
College			From		
			To		
Other Training			From		
			To		

Office Machines Operated: _____ Factory, construction, or street equipment operated: _____

Typing Speed _____ w.p.m.

Resume Attached YES NO

DD-214 Attached YES NO

Other _____

Describe any other Special Training and/or Skills which are related to the kind of work you want to do:

WOULD YOU OBJECT TO THE CITY'S CONTACTING YOUR PRESENT EMPLOYER FOR A REFERENCE?

YES NO

List your employment history, starting with your present or most recent job:

_____ month year to month year	_____ hrs. per salary per	Employer Phone Location	Your title and duties	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO (initials)
_____ month year to month year	_____ hrs. per salary per	Name of Supervisor	Number of Workers you supervised <input type="checkbox"/> Reason for Leaving	(initials)
_____ month year to month year	_____ hrs. per salary per	Employer Phone Location	Your title and duties	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO (initials)
_____ month year to month year	_____ hrs. per salary per	Name of Supervisor	Number of Workers you supervised <input type="checkbox"/> Reason for Leaving	(initials)
_____ month year to month year	_____ hrs. per salary per	Employer Phone Location	Your title and duties	May we Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO (initials)
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_____ month year to month year	_____ hrs. per salary per	Name of Supervisor	Number of Workers you supervised <input type="checkbox"/> Reason for Leaving	(initials)

Give three (3) references who are citizens of Stark County, not employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability:

NAME	ADDRESS AND PHONE NUMBER	OCCUPATION

PLEASE READ CAREFULLY

I hereby certify that the answers and statements made on this application are true and correct. I am aware that a representative of 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 who 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 and references 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

(Rev. 01/2016)

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 with the City of Massillon. I understand in conducting a background investigation, that employees with the 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 or 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 inquires will also include a records search of documents 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 therefrom. I understand that any disclosure of information carries with 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 of Applicant

Witness (any adult can be a witness)

AUTHORIZATION CANNOT BE ACCEPTED UNLESS SIGNED BY A WITNESS