



**Public Health**

Prevent. Promote. Protect.

Canton City Health District

**PLEASE PRINT CLEARLY**

**Part Time Job Application**

Name \_\_\_\_\_ Date Filed \_\_\_\_\_

Position Applying For \_\_\_\_\_

Present Address \_\_\_\_\_ Years at this Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Telephone Number \_\_\_\_\_

Social Security Number to be entered upon employment E-mail Address \_\_\_\_\_

How long have you lived in Stark County? \_\_\_\_\_ How long have you lived in Canton? \_\_\_\_\_

Are you a US Citizen? \_\_\_Yes \_\_\_No Do you have a valid driver's license? \_\_\_Yes \_\_\_No



Type of School	Name	City/State	Dates Attended	Degree	Major/Minor
High School			XXXXXXXXXX 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 \_\_\_\_\_

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 Health Department contacting your present employer for a reference? \_\_\_Yes \_\_\_No  
(List your employment, starting with your most recent)

<b>Years at job</b> (month/year) ____ to ____ <b>Salary:</b> Hours per week ____ Salary \$ ____ per ____	
<b>Employer</b> _____	<b>Location</b> _____
<b>Telephone Number</b> _____	<b>Name of Supervisor</b> _____
<b>Title</b> _____	<b>Number of People You Supervised</b> _____
<b>Duties</b> _____	
<b>Reason for Leaving</b> _____ <b>May We Contact?</b> ____ Yes ____ No	
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<b>Duties</b> _____	
<b>Reason for Leaving</b> _____ <b>May We Contact?</b> ____ Yes ____ No	

**ATTACHMENTS:**

Copy of Driver’s License

Include if requested in job posting:  College Transcripts (unofficial)       License/Certificate

**PLEASE READ CAREFULLY**

I hereby certify that the answers given and statements made on this application are true and correct. I am aware that a representative of the Canton City Health Department may conduct an investigation of my background to assist in determining suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practice 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 person and the Canton City Health Department from liability or damages as a result of furnishing or obtaining this information.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date