



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)

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

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

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Title _____	Number of People You Supervised _____
Duties _____	
Reason for Leaving _____ May We Contact? ____ 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