

South Summit Council of Governments

4200 Massillon Road, Suite 100
North Canton, Ohio 44720

APPLICATION FOR EMPLOYMENT

The South Summit Council of Governments (SSCOG) is an employer with a standing policy of non-discrimination. All qualified applicants are accorded an opportunity for employment or promotion without regard to race, religion, color, national origin, ancestry, disability, medical condition, sexual orientation, marital status, sex or age.

Position applying for: _____ Date: _____

Type of employment desired: Fulltime Part-time

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Home Phone		Cell Phone		Personal Email	

Are you age 18 or over? Yes No

Do you have a valid Ohio Driver's License? Yes No

Driver's License Number: _____ Expiration Date: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, explain: _____

Are you legally eligible to work in the United States? Yes No

Have you ever had any type of certification, license or registration revoked or suspended?

Yes No If yes, explain: _____

Are you now, or have you ever been a member of a state retirement system in Ohio? Yes No

If yes, which one? _____

Have you ever served in the U.S. Armed Services? Yes No

If yes, what branch: _____ Were you Honorably discharged? Yes No

Describe any special training: _____

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Note that SSCOG will conduct a criminal background check as permitted by law and that Ohio and Federal law may disqualify an individual with a criminal history from being employed in the position applied for.

EDUCATION

Type	School Name and Address	Years Completed	Graduated	Degree/Major
High School/GED		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Post Graduate		1 2 3 4	Yes No	
Business/Trade School		1 2 3 4	Yes No	

SKILLS

Computer Skills: Windows Microsoft Office Microsoft Word Excel Access

Office Skills: Typing _____ wpm Filing Accounting Telephone Systems
 Copier Data Entry Dictation Equipment

Please list any special skills you have that may benefit you or the employer for the position applied for:

EMPLOYMENT HISTORY

List below current and last three employers, starting with the most recent first.

Employer: _____ Telephone number: _____

Address: _____
Street City State Zip code

Job Title: _____ Name of Supervisor: _____

Dates of Employment: _____ to _____ May we contact employer? Yes No

If no, please explain: _____

Describe responsibilities: _____

Reason for leaving: _____

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Employer: _____ Telephone number: _____

Address: _____
Street City State Zip code

Job Title: _____ Name of Supervisor: _____

Dates of Employment: _____ to _____ May we contact employer? Yes No

If no, please explain: _____

Describe responsibilities: _____

Reason for leaving: _____

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REFERENCES

List three (3) individuals we may contact whom you have known for at least one year, excluding relatives.

Full Name & Address

Relationship

Phone

Years Acquainted

1. _____

2. _____

3. _____

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South Summit Council of Governments (SSCOG)

Pre-employment Inquiry

I, _____, hereby certify that I have read and fully understand the questions asked in this application and I certify that all answers given are true, complete and correct. I also understand the omission and/or misrepresentation of any information provided on this application or that I have stated in any interview will be cause for immediate dismissal.

I understand that investigative background inquiries may be made regarding my work habits, performance, experience, character, education, credit, driving, civil and criminal records. Such information may be requested from various state, federal and other agencies, including previous employers who may maintain records regarding my past activities.

I expressly authorize, without reservation the SSCOG, its representatives, employees or agents to verify the accuracy of all information provided by me. I hereby waive any and all rights and claims I may have for the SSCOG to seek, gather and use truthful and non-defamatory information, in a lawful manner, in the employment process and for anyone furnishing such information about me.

I understand the SSCOG may elect to contract with an independent investigative service and that the Fair Credit Reporting Act will be complied with, if, where and when applicable.

I also understand that if employed by SSCOG I may be required to drive for certain occasions and I must have and maintain a current Ohio Driver's License and maintain insurability as required by law.

I understand that the SSCOG does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable law.

If hired, I agree to abide by all of the SSCOG policies and procedures. I understand that if employed, I may resign at any time, with or without prior notice, except when required by law.

I acknowledge this application does not constitute an offer of employment, any type of agreement or contract for employment for any specified period or definite duration.

By signing below, I acknowledge my understanding of the above and that any offer of employment, if made, will be contingent upon successful completion of all pre-employment testing to include, but not limited to a physical and a pre-employment drug screen at the discretion of the SSCOG as a potential employer. I understand further that if hired, my employment is "at will" and may be terminated at the option of the employer.

Applicant's Signature: _____ Date: _____

Applicant's SSN: _____ Applicant's Birthdate: _____

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