Veterans Service Commission of Stark County
2955 Wise Avenue, Northwest, Canton, Ohio 44708
330.451.7457 FAX 330.451.7469
www.starkcountyohio.gov/veterans

APPLICATION FOR EMPLOYMENT
Position Applying For

PERSONAL INFORMATION		
First Name	Middle Initial	Last Name
Street Address		Contact Phone
City, State, Zip Code		Alternate Phone
Have you ever applied for employment with SCVSC? ☐ Yes ☐ No		If yes, please state month and year
Are you currently employed? ☐ Yes ☐ No		If yes, may we contact your current employer? ☐ Yes ☐ No
Have you ever been convicted of a crime in the past ten years (excluding misdemeanors and summary offenses) which has not been annulled, expunged or sealed by a court? ☐ Yes ☐ No		
Drivers License Number	State	Any Violations? *If yes, state. ☐ Yes* ☐ No

EDUCATION					
School	Name/Location	Course of Study	Years Completed	Graduate (Yes/No)	Degree/Diploma
College					
High					
Trade					
Other					

EMPLOYMENT HISTORY	
Company Name	Telephone
Address	Employment (Month/Year) From To
Name of Supervisor	
Position Held	
Brief Description of Duties/Responsibilities	

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MILITARY SERVICE CERTIFICATION

Active Duty Service in the United States Armed Forces

YES (Complete Below)		NO * (Complete Below)
Branch Select One	Branch Select One	Please check qualifying relationship to veteran. ☐ Spouse ☐ Surviving Spouse ☐ Child ☐ Parent
Dates of Service (Month/Year) From To	Dates of Service (Month/Year) From To	
Character of Service* ☐ Honorable ☐ Under Honorable Conditions	Character of Service* ☐ Honorable ☐ Under Honorable Conditions	
☐ Additional Periods of Service Attached		Must attach document(s), as indicated.

DD Form 214 or Separation Document for each period of service is attached.

☐ Yes ☐ No If no, state reason.

*Per Ohio Revised Code Chapter 5901.01, veteran must have received an honorable discharge or honorable separation, a member of the armed forces of the United States who died on active military duty, or a member of the United States missing in action more than ninety days. See ORC 5901.01(A)(2) for United States Merchant Marine.

PROFESSIONAL REFERENCES

Name	Address	Contact Number	Business	Years

A CERTIFIED DD FORM 214 OR SEPARATION DOCUMENT FOR EACH PERIOD OF SERVICE MUST ACCOMPANY THIS APPLICATION

ACKNOWLEDGEMENT AND AUTHORIZATION

The facts set forth in this application for employment consideration are true and complete to my best knowledge. I understand that if employed, false statements on this application shall be considered a sufficient case for dismissal. Further, I authorize the Stark County Veterans Service Commission to make any investigation of my personal and professional history.

Signature	Date

DISCLAIMER

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or disabilities, per the Civil Rights Act of 1964; P.L. 90-2302; and laws of the State of Ohio.