

City of Kent, Ohio
Employment Application

APPLICATION RECEIVED:

AN EQUAL OPPORTUNITY EMPLOYER

Instructions: Read the position notice and make sure you meet the requirements of the position for which you are applying. The application must be filled out by typing or printing in ink. The application must be submitted to the appropriate City department by the deadline stated in the position notice. This application may be used for both civil service positions and non-civil service positions.

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Permanent Email Address _____

Please list your next TWO MOST RECENT HOME ADDRESSES with dates of residence:

ADDRESS

DATE OF RESIDENCE

1. _____

2. _____

Are you over 18? Yes ___ No ___ FOR POLICE OFFICER AND FIREFIGHTER APPLICANTS ONLY:

DATE OF BIRTH: _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name _____

Address _____ Telephone _____

Position applying for _____

Have you taken a Kent Civil Service Exam within the past year? Yes ___ No ___

If YES, for what position _____

Have you previously been employed by the City of Kent? Yes ___ No ___

If YES, give dates of employment, position, department, reason for leaving:

I hereby authorize the release of this form to appropriate officials for recruitment purposes.

Applicant Signature _____

Date _____

PERSONAL INFORMATION

POSITION DESIRED

INFORMATION
RELEASE

In the areas below, please list your work experience beginning with the most recent employer. If the job title and duties changed materially in the course of your service in any one organization, indicate such changes clearly as separate employments. Volunteer work may also be included as employment (be specific as to number of hours.)

PRESENT OR MOST RECENT JOB:

Employer's name and address _____

Length of Employment FROM: Month ____ Year ____ TO: Month ____ Year ____

Reason for leaving _____

Position Job Title _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of Employment FROM: Month ____ Year ____ TO: Month ____ Year ____

Reason for leaving _____

Position Job Title _____

Duties Performed _____

Employer's name and address _____

Length of Employment FROM: Month ____ Year ____ TO: Month ____ Year ____

Reason for leaving _____

Position Job Title _____

Duties Performed _____

Employer's name and address _____

Length of Employment FROM: Month ____ Year ____ TO: Month ____ Year ____

Reason for leaving _____

Position Job Title _____

Duties Performed _____

The following information will be used only if it is directly related to the position for which you are applying:

1. Are you willing and able to secure an Ohio Driver's License if a license is required? Yes ____ No ____
2. Have you ever been employed in the state, municipal, or county service in Ohio? Yes ____ No ____

If you answered "Yes" to question 2, please explain where: _____

WORK EXPERIENCE

TRAINING AND EXPERIENCE

Total number of years of education, including primary school: _____

Highest academic degree attained: _____

Name and address of school, college, or university where latest degree attained: _____

If no degree, last school attended: _____

Major subject area for degree(s): _____

Major subject area for study without a degree: _____

If applying for a clerical position: TYPING SPEED _____ SHORTHAND SPEED _____

If you have TRAINING in an area which you feel is relevant to the position for which you are applying, please complete the following information:

Type of Training	Organization	Length of Training	Subject Covered
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a PROFESSIONAL RECOMMENDATION:

NAME	ADDRESS	CITY	STATE	TELEPHONE NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions by law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Kent Civil Service Commission and/or appointing authority.

Signature of Applicant: _____

AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

PLEASE READ CAREFULLY BEFORE SIGNING WAIVER

I, _____, acknowledge and agree that CITY OF KENT, OHIO and Alpha Background Investigations, agent acting on behalf of CITY OF KENT, OHIO may obtain a consumer report as a condition of employment and, if hired, at any time during my employment for promotion or retention purposes.

I hereby authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies to release any information and records they may have concerning my background and qualifications for employment. All information received will be in strict compliance with all federal and state laws including the Fair Credit Reporting Act 15 U.S.C. 1681 et seq., Privacy Act Title 28 (Public Act 93-579) 5 U.S.C. 552(a,) Freedom of Information 5 U.S.C., 552, etc.

I understand and agree that CITY OF KENT, OHIO and Alpha Background Investigations have no duty to investigate the correctness of information received from others and that CITY OF KENT, OHIO may rely on and base its decision solely upon the information contained in such consumer reports. I agree that a photographic or facsimile copy of this document shall be as valid as the original.

Standard Services: Social Security Trace, Criminal Records, Driving Records

<i>APPLICANT'S FIRST NAME</i>	
<i>APPLICANT'S MIDDLE NAME/INITIAL</i>	
<i>APPLICANT'S LAST NAME</i>	
<i>APPLICANT'S MAIDEN NAME</i>	
<i>APPLICANT'S SOCIAL SECURITY NUMBER</i>	
<i>APPLICANT'S DATE OF BIRTH</i>	
<i>APPLICANT'S DRIVER'S LICENSE NUMBER</i>	
<i>STATE ISSUED</i>	
<i>CURRENT ADDRESS</i>	
<i>CITY/STATE/ZIP</i>	

I have read and fully understand the above release.

Print Name

Signature of Applicant

Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM
Please submit this sheet with your employment application

The City of Kent provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, ancestry, military status, familial status, disability, gender identity, sexual orientation, or any other legally protected status in accordance with applicable federal, state, and local laws. The purpose of this EEO Information Form is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The information provided on this form will be used solely for analytical and reporting requirements. Completion of this form is strictly voluntary and will in no way affect the processing of your application. Thank you for your assistance.

Name : _____ Date of birth: _____

Sex/Gender Code: (Please select one) Male Female

Race/Ethnic Code:

Ethnicity: **Hispanic or Latino**- A person of Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

Race: (select as many as apply)

White (not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Black or African American (Not Hispanic or Latino)- A person having origins in any of the Black racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian (Not Hispanic or Latino)- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaskan Native (Not Hispanic or Latino)- A person having origins in any of the original peoples of North and South America (including Central America,) and who maintains tribal affiliation or community recognition

Disabled: Yes Individual with a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or
No medical condition.

Important Note: If you have a disability which will require special accommodation in testing, please check the "YES" box below and use the back of this sheet to describe the type of accommodation required, such as closed circuit TV, Optacons, readers, large type, Braille, a sign language interpreter, or other, if known.

Yes **I HAVE A DISABILITY WHICH REQUIRES ACCOMMODATION IN TESTING.**

Military Credit A copy of the honorable discharge (DD-214) must accompany the application for credit
Military status is no longer part of the Civil Service Application. Consequently, if you have military status that qualifies you for additional (extra) credit, you may volunteer this information to the Civil Service Commission.