

# City of Kent, Ohio Employment Application

*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.

APPLICATION RECEIVED:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Permanent Email Address \_\_\_\_\_

Please List your 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 \_\_\_

Have you previously been employed by the Kent Public Schools? 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
_____	_____	_____	_____
_____	_____	_____	_____

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

REFERENCES

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, Human Resources Department, 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 SHEET**  
***Please submit this sheet with your Civil Service Application***

**DIRECTIONS:** The Kent Civil Service Commission requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information is strictly voluntary and will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only (EXCLUDING THE TEST ACCOMMODATION INFORMATION.) Thank you for your cooperation.

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. Any record or copies of records you produce to establish this credit will not be kept in the Civil Service Commission Office. They will be held in the City of Kent's Human Resources Office until they are no longer needed. They will then be returned or destroyed.

Military Credit  A copy of the honorable discharge (the DD-214) from active duty in the armed forces of the United States must be submitted with the Civil Service Application.

**SOCIAL SECURITY NUMBER:** --

**SEX:** Male  DATE OF BIRTH: --  
Female  Month Day Year

**RACE:** White   
Black   
Hispanic   
American Indian;   
Alaskan Native  
Asian/Pacific Islander

**HOW DID YOU HEAR ABOUT THIS POSITION:**

- Newspaper classified Ad. Which newspaper? \_\_\_\_\_
- Word of Mouth. \_\_\_\_\_
- Bulletin Board. Please specify where? \_\_\_\_\_
- Other. Please specify. \_\_\_\_\_

**DISABLED:** Yes  (Individual with a physical or mental impairment that substantially limits one or more of  
No  the major life activities.)

**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.**