

CITY OF KENT, OHIO

CIVIL SERVICE APPLICATION

An Equal Opportunity Employer

APPLICATION RECEIVED:

INSTRUCTIONS: *Read the examination 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 Civil Service Commission by the deadline stated in the examination notice.*

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Work Telephone (optional) _____

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

	ADDRESS	CITY	STATE	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(s)? _____

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 employment. 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).

WORK EXPERIENCE

PRESENT OR MOST RECENT JOB:

Employer's name and address _____

Length of employment FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____

Reason for leaving _____

Position (job title) _____ Salary: Beginning _____ Ending _____

Duties Performed: _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____

Reason for leaving _____

Position (job title) _____ Salary: Beginning _____ Ending _____

Duties Performed: _____

Employer's name and address _____

Length of employment FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____

Reason for leaving _____

Position (job title) _____ Salary: Beginning _____ Ending _____

Duties Performed: _____

Employer's name and address _____

Length of employment FROM: Mo. ____ Yr. ____ TO: Mo. ____ Yr. ____

Reason for leaving _____

Position (job title) _____ Salary: Beginning _____ Ending _____

Duties Performed: _____

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

In the area below, please describe briefly any additional information or special qualifications you have for the position for which you are applying. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

MISCELLANEOUS

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

	YES	NO
1. Are you willing and able to secure an Ohio Driver's license, if a license is required?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been employed in the state, municipal, or county service in Ohio?	<input type="checkbox"/> *	<input type="checkbox"/>
3. Have you been convicted of any felony?	<input type="checkbox"/> *	<input type="checkbox"/>

*If you have answered "YES" to question 2 or 3, please explain fully below, indicating by number to which question you are responding:

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 of 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 _____

CITY OF KENT, OHIO
HUMAN RESOURCES DEPARTMENT

RELEASE, WAIVER, AND AUTHORIZATION

The information I have provided to the City of Kent in materials submitted for consideration of employment is true and complete to the best of my knowledge. The City may investigate all statements contained in the application materials I have submitted, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered.

By signing below, I authorize the procurement of a consumer report by the City of Kent as part of the pre-employment background investigation, including information as to my character, general reputation, personal characteristics, public record information, previous employer reviews, education records, criminal history, personal references, driving records, credit, and mode of living from Federal, State, and other agencies, companies and other organizations for employment purposes, as part of the pre-employment background investigation and at any time during my employment. I understand that if the City considers any information in the "consumer report" when making an employment related decision that directly and adversely affects me, I will be provided with a copy of the "consumer report" before the decision is finalized. I will also be provided a written summary of my rights under the Fair Credit Reporting Act.

I authorize, without reservation, any party or agency contacted by this company, employees, agents, and assigns to furnish the above-mentioned information. I hereby release and discharge the City and the (CRA) Consumer Reporting Agency(s) requesting, investigating and/or providing information and/or consumer report(s) and their employees, agents, successors and assigns, from any and all liability that may arise out of the investigative and/or consumer report of my background as set forth herein. I authorize the City to make a thorough investigation of my present and past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this City against any liability, which might result from making such investigation.

I understand that this application and/or my participation in any component of the application process, does not constitute a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the City is terminable-at-will so that both the City and I remain free to choose to end our working relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing.

I understand that any offer of employment and/or continuation of my employment may be conditioned upon a medical evaluation by a doctor selected by the City, to determine whether I can perform the essential functions of the job. In addition, I understand that a drug test or participation in a drug-testing program may be required as a condition of hiring and/or of continued employment, depending on City policy. I agree to consent to participate in such medical evaluation(s) and/or drug test(s) at such time as designated by the City and to release to it, its agents, officers or employees from any claim arising in connection with the use of such evaluation(s) or test(s). Additionally, I authorize the City to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the City deems appropriate.

Print Name

Social Security Number

Signature of Applicant

Date

**CITY OF KENT, OHIO
HUMAN RESOURCES DEPARTMENT**

RELEASE, WAIVER, AND AUTHORIZATION

Please list below last three (3) places of residence including state and county name.

Please print:

- | | | | |
|----|---------------------|---------------|--------------|
| 1. | <u>Home Address</u> | <u>County</u> | <u>State</u> |
| 2. | <u>Home Address</u> | <u>County</u> | <u>State</u> |
| 3. | <u>Home Address</u> | <u>County</u> | <u>State</u> |

List any other name you have used (alias, married name, etc.).

List below all Counties and States you have lived in that have not been listed above:

Print Name

Social Security Number

Applicant Signature

Date

Updated March 2009