



### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  YES  NO Have you ever worked for the City of Kenton?  YES  NO

Are you able to work any shift?  YES  NO Are you able to work overtime, if necessary?  YES  NO

Do you have any relatives working for the City of Kenton? If yes, name: \_\_\_\_\_

Are you able to perform the essential functions of the job with or without reasonable accommodation?  YES  NO

Do you have a valid State of Ohio Driver's License?  YES  NO

Do you have a current State of Ohio Commercial Driver's License (CDL Class B)?  YES  NO

List any Licenses or Certifications you have related to or required for this position:  
\_\_\_\_\_

#### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Diploma: \_\_\_\_\_

College/  
Trade: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree/  
Certification: \_\_\_\_\_

#### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship/  
Yrs Acquainted: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship/  
Yrs Acquainted: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship/  
Yrs Acquainted: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

**Disclaimer and Signature**

*The City of Kenton is an Equal Opportunity employer. We do not discriminate based upon sex, race, color, religion, gender identity, sexual orientation, national origin, disability, protected Veteran status, age, or any other characteristic protected by applicable law.*

I certify the information set forth in this application is true, accurate, and complete to the best of my knowledge. I understand and accept that any information found to be falsified or intentionally excluded, may disqualify me from further consideration or, if employed, may result in disciplinary action, including termination of my employment. I authorize the employers, schools, and personal references named in this application to provide and release employment and academic records, and other information regarding myself to the City of Kenton.

If employed, I understand and accept that, depending on the department I am applying for, I may be required to work evening shifts, night shifts, weekends, and/or be on call and be required to work mandatory overtime. I further understand, if employed, I will be required to provide proof of identity and employment eligibility to work in the United States.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_