

**APPLICATION FOR EMPLOYMENT
CITY OF KENTON, OHIO
An Equal Opportunity Employer**

SECTION I: PERSONAL INFORMATION

DEPT. APPLIED FOR: _____

NAME: _____

Last

First

M.I.

Street Address

City

State

Zip

County

Phone: _____ Email: _____ Driver's License# _____

Are you at least 18 years of age? Yes _____ No _____

If under 18, a work permit may be required.

Are you eligible to work in the United States? Yes _____ No _____

Do you have relatives employed by the City of Kenton? Yes _____ No _____

Name(s):

Relationship:

SECTION II: WORK REFERENCES List the last 3 places of employment beginning with the most current.

Employer's Name:

Address:

Phone:

Supervisor:

SECTION III: EDUCATIONAL EXPERIENCE AND TRAINING

Do you have a high school diploma? ____ YES ____ NO

College or technical degree? ____ YES ____ NO Degree or Certificate obtained? _____

Name and location of school(s) attended: _____

Please describe the courses you took or technical training you have received from school which you feel would help perform the job for which you are applying: (include special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc.)

SECTION IV: MISCELLANEOUS

The following information will be used if it is directly related to the classification/position for which you are applying. Please circle yes or no.

1. Are you willing and able to secure an Ohio Driver's License, if a license is required? Yes No
2. If necessary, can you supply your own transportation for work use? Yes No
3. Have you ever been employed in the state or county service of Ohio? Yes No
4. Can you perform the job-related requirements of the specific job for which you are applying? Yes No

If you have answered "Yes" to questions 3 or "No" to question 4, please explain fully below, indicating by number to which question you are responding to.

Do you presently have or are you willing to obtain a valid State of Ohio Commercial License? (this information will be considered for selection purposes only if such licensure is required by law to perform the duties of the position for which you are considered) Yes _____ No _____

Have you filed an application here before? Yes _____ No _____

Have you ever been employed here before? Yes _____ No _____

Name, address and phone number of three references not related to you.

Name	Address	City	State/Zip	Phone
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Name	Address	City	State/Zip	Phone
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Name	Address	City	State/Zip	Phone
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AFFIDAVIT

I solemnly swear that all of the information furnished in this Employment Application, and supplements thereto, is true, accurate and complete to the best of my knowledge. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

I hereby authorize the employers, schools and other references named in this application to provide information regarding me and to release personnel, academic and other records concerning myself.

Date: _____

Applicant's Signature

State of Ohio

County of _____

Subscribed and duly sworn before me according to law by the above named applicant this _____ day of _____, 2____.

Notary Public

My Commission expires _____

Seal