



CITY OF KETTERING

# Application for Employment

POSITION: \_\_\_\_\_

Full-Time \_\_\_\_\_  
Part-Time \_\_\_\_\_  
Temporary \_\_\_\_\_

## BASIC EMPLOYMENT DATA

### A. GENERAL INFORMATION

Name: \_\_\_\_\_

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

City State Zip Code

Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Cell/Other \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Social Security No. \_\_\_\_\_

Military Service? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, indicate branch, inclusive dates of service and rank at discharge.)

Do you have a valid Ohio Driver's License? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, indicate type of license.)

Operator's \_\_\_\_\_ Commercial Driver's License \_\_\_\_\_

State here any additional information required to answer the above questions adequately or that you feel would be helpful for pre-employment inquiry. \_\_\_\_\_

Are you related to any City employee? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, who is the City employee or part-paid volunteer firefighter and what is the relationship? \_\_\_\_\_

Are you a minor (under 18) child or stepchild of a current City of Kettering employee or part-paid volunteer firefighter? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name of employee or part-paid volunteer firefighter \_\_\_\_\_

### B. EDUCATION AND TRAINING

Circle the highest school grade completed.

High School College  
9 10 11 12 13 14 15 16 17 18 19 20

Degrees obtained or areas of study: \_\_\_\_\_

List any job-related schools attended or vocational training received: \_\_\_\_\_

**C. PAST WORK EXPERIENCE**  
**(List most recent first)**

|                                                                                                                                           |            |             |      |                        |               |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|------|------------------------|---------------|
| Month<br>From                                                                                                                             | Year<br>To | Month<br>To | Year | Title of Your Position | Annual Salary |
| Name of Employer: _____                                                                                                                   |            |             |      |                        |               |
| Nature of Duties: _____                                                                                                                   |            |             |      |                        |               |
| Reason for Leaving: _____                                                                                                                 |            |             |      |                        |               |
| Month<br>From                                                                                                                             | Year<br>To | Month<br>To | Year | Title of Your Position | Annual Salary |
| Name of Employer: _____                                                                                                                   |            |             |      |                        |               |
| Nature of Duties: _____                                                                                                                   |            |             |      |                        |               |
| Reason for Leaving: _____                                                                                                                 |            |             |      |                        |               |
| Month<br>From                                                                                                                             | Year<br>To | Month<br>To | Year | Title of Your Position | Annual Salary |
| Name of Employer: _____                                                                                                                   |            |             |      |                        |               |
| Nature of Duties: _____                                                                                                                   |            |             |      |                        |               |
| Reason for Leaving: _____                                                                                                                 |            |             |      |                        |               |
| <b>Attach additional sheet of paper if necessary to report experience adequately or if you wish to include volunteer work experience.</b> |            |             |      |                        |               |

**D. REFERENCES**  
**(Relatives are not acceptable references)**

| Name & Title | Occupation | Address | Phone |
|--------------|------------|---------|-------|
| 1.           |            |         |       |
| 2.           |            |         |       |
| 3.           |            |         |       |
| 4.           |            |         |       |

**CERTIFICATION:** I hereby certify that all the information I have provided on BOTH SIDES of this application form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I agree and understand that all statements made by me are subject to being investigated for verification. I further agree and understand that any omissions or misstatement of facts contained in this application may disqualify me for any employment or result in my removal from employment with the City of Kettering.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY EMPLOYER**

As an Equal Opportunity Employer, the City of Kettering is committed to give equal consideration to all applicants without regard to race, color, religion, gender, age, national origin, ethnic heritage, or disability.



## BACKGROUND RELEASE FORM

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ☐ PLEASE CHECK IF YOU ARE UNDER THE AGE OF 18

DRIVER'S LICENSE #: \_\_\_\_\_ STATE\*: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

*\*Applicants with out-of-state driver's licenses must provide a copy of a current driving record prior to employment.*

TYPE OF LICENSE: ☐ OPERATOR'S ☐ COMMERCIAL (CDL)

I authorize the City of Kettering and any investigative or credit agency of its choice, to investigate my personal history, character and general reputation as it substantially relates to the duties and responsibilities of the position for which I am applying, which may include my driving, safety inspection, arrest, conviction, financial and credit record, verification of my education and employment history, a social media search, a fingerprint background check and a search of any public record available. These reports may be obtained at any time after receipt of my authorization and, if hired, throughout my employment with the City of Kettering.

I authorize any reference, school, former employer, military organization, police department, other person or agency to disclose to the City of Kettering or its agent, upon request, any information or records they may have about me, and I release them from all liability for disclosing such information to the City of Kettering.

I authorize the City of Kettering to obtain or cause to be prepared a consumer report or an investigative consumer report, which may include information as to my financial and credit history, character, general reputation, personal characteristics, or mode of living, in connection with my application for employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if Applicant is under 18 years of age

\_\_\_\_\_  
Date

### Internal Use Only

☐ On Hold

DATE: \_\_\_\_\_ BACKGROUND NEEDED BY: \_\_\_\_\_ EXPECTED HIRE DATE: \_\_\_\_\_

DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_ HIRING SUPERVISOR: \_\_\_\_\_

#### BACKGROUND CHECK LEVEL:

☐ FT ☐ Public Safety ☐ PTFE ☐ PT ☐ TEMP ☐ CDL ☐ CREDIT ☐ STATE FINGERPRINT ☐ FED FINGERPRINT

**Credit check:** Positions with access to sensitive financial or personal data or at discretion of HR or Finance Dir.

**State fingerprint:** Positions with unsupervised direct access to vulnerable populations (minors/seniors); and/or sensitive data.

**Fed. fingerprint:** Directors and/or candidates who have not lived in OH for the past 5 years.

*\*All background check requirements may be modified at the discretion of the Human Resources Department.*

BACKGROUND COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ Approved

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

☐ Not Recommended for Hire

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



## EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM.

Applicants for employment are requested, but not required, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please **DO NOT** place your name on this form. **THIS FORM IS VOLUNTARY AND DOES NOT AFFECT YOUR EMPLOYMENT STATUS.**

**1. Position:**

\_\_\_\_\_

- ☐ Full-time  
☐ Part-time  
☐ Temporary

**2. Date of Application:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year

**3. Gender:**

☐ M

☐ F

**4. Race or Ethnic Origin:**

☐ **White (not of Hispanic Origin)**

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ **Black (not of Hispanic Origin)**

A person having origins in any of the Black racial groups of Africa.

☐ **Hispanic**

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **Asian or Pacific Islander**

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

☐ **American Indian or Alaskan Native**

A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ **Other (Two or More Races)**

A person who identifies with two or more of the above race/ethnicity categories.

**PLEASE RETURN TO:**

City of Kettering  
Human Resource Department  
3600 Shroyer Road, Kettering, OH 45429  
FAX: 937-296-3371