

PERSONNEL DEPARTMENT

SUITE 130 CITICENTER
146 S. HIGH STREET
AKRON, OHIO 44308
330-375-2720

APPLICATION FOR EMPLOYMENT CITY OF AKRON, OHIO

SRE	ACC BY	RJ BY-C

ELIGIBILITY WILL BE DETERMINED BY THE INFORMATION PROVIDED ON THIS APPLICATION. FAILURE TO ANSWER EVERY ITEM TRUTHFULLY AND COMPLETELY MAY JEOPARDIZE YOUR OPPORTUNITY FOR EMPLOYMENT. WRITE "N/A" IF AN ITEM DOES NOT APPLY TO YOU. SOCIAL SECURITY NUMBERS ARE REQUIRED. TYPE OR PRINT LEGIBLY IN INK. ATTACH ADDITIONAL PAGES AS NECESSARY.

General Information	Job/Test Title						Examination Number □□□□□□-□□□□□□								
	Last			First			Middle			Social Security Number (REQUIRED) □□□□-□□-□□□□□□					
	Name														
	Number		Street		Apt.#		City		State		Zip Code				
	PRESENT ADDRESS														
	If yours is an Akron address, is it within the corporate limits of the city? <input type="checkbox"/> Yes <input type="checkbox"/> No Township or Village: _____														
	How many months have you continuously lived at present address? If you have lived at present address for less than 12 months, indicate previous address below:														
	Previous Address		Number		Street		City		State		Zip Code		How many months at previous address?		
	Are you eligible to work in the U.S.?			<input type="checkbox"/> Yes <input type="checkbox"/> No			Primary Telephone - -			Alternate Telephone - -			E-mail Address		
						SPECIFY DATE OF BIRTH ONLY IF You are less than 21 years of age or applying for Police Officer or Firefighter/Medic						Month Day Year ____/____/____			
Indicate an alternate contact person and phone number _____ - -															
Indicate all types of employment you would accept: <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Seasonal or Temporary															
Have you ever been employed by the City of Akron? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Dates: From		To		Division:				Last Job Title:							
High School Name:						Did you graduate from High School?			If no, circle the last grade completed:						
School Location:						<input type="checkbox"/> Yes <input type="checkbox"/> No			6 7 8 9 10 11 12						
Additional education, specify below						If you did not graduate from High School, do you have a G.E.D. certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No									
NOTE: You MUST provide official transcripts or proof of degree in order to receive credit for College or University attended.															
Names and Locations of Colleges, Trade or Business schools attended						Total Hours Completed (specify quarter or semester)			Major and Minor			Degree(s) Awarded			
R		S		T		W		E		E		G			
P		F		I		R		D		X		R			
F		M		S		P		U		P		D			

Complete entire section even if you have attached a resume. _____ Month Year To Month Year Hours Per Week _____ Salary _____ per _____	Employer	Job Title	
	Address	Duties	
	Phone No.	Equipment Operated	
	Name of Supervisor	Number of Workers Supervised	Reason for leaving

Complete entire section even if you have attached a resume. _____ Month Year To Month Year Hours Per Week _____ Salary _____ per _____	Employer	Job Title	
	Address	Duties	
	Phone No.	Equipment Operated	
	Name of Supervisor	Number of Workers Supervised	Reason for leaving

You must answer each of the following questions:

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of any misdemeanor violations? Yes No
 (Exclude parking violations or juvenile convictions.)
3. Do you have any arrests pending final disposition? Yes No
4. Have you had any military convictions? Yes No

If you answered YES to any question, complete the following section. Include the date of conviction, nature of the offense(s), court(s) where the matter was heard, and disposition. A disposition includes any fines paid, jail sentences served, and/or probation. If you are unsure, contact the jurisdiction where conviction(s) occurred. Conviction(s) of a crime is not an automatic disqualification; however, certain convictions will disqualify you from consideration for certain positions. You will be fingerprinted prior to appointment and your complete conviction record reviewed.

NOTE: Failure to disclose a conviction may be sufficient cause for disqualification or termination of employment. If more space is needed, attach a separate sheet.

Offense	Court	Date	Disposition/Penalty

AGREEMENT

I authorize any current or past employer or government agency to answer questions or provide accurate and truthful information regarding my background and agree to hold them harmless for release of such information.

I release the City of Akron and its agents from all actions, claims, damages, and demands which may arise now or in the future from the release of any records, reports, or information related to my application for employment.

I understand to have residency bonus points added to my passing score, I must comply with Akron City Charter Section 106(5c).

“For declaring methods of granting preference points to the passing grades of those persons taking non-promotional examinations who are resident citizens of the City of Akron continuously for one year immediately prior to examination and who remain resident citizens of the City of Akron throughout the remainder of the selection process.”

I hereby certify that every statement I have made on this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for disqualification or dismissal. I also understand that the City may investigate the circumstances pertaining to any arrests and convictions and may accept or reject my application based upon the investigation. I understand that I may be required to verify all information provided on this application. I authorize the City of Akron and its agents to verify and investigate my education record, military service record, past employment, driving record, and criminal conviction history. I understand that I must notify the Personnel Department of any change in my name, address, phone number or any other pertinent information.

Signature of Applicant

Date

Printed Name

Date



Reminder: Be sure you have completed all *required* documents

**PERSONNEL DEPARTMENT
EMPLOYMENT INFO LINE 330-375-2723
www.ci.akron.oh.us**



City of Akron, Ohio



EEO DATA SHEET

Completion of this Document is Voluntary

As an Equal Employment Opportunity employer, the City of Akron is requesting that this voluntary form be completed and returned to Suite 130, CitiCenter Building, 146 S. High Street, Akron, Ohio 44308. The information obtained will be kept confidential except as otherwise provided by law and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When used in a report to the state or federal government, the data will not identify any specific individual. Any inclusions or exclusions will NOT affect any application or employment decision.

NAME (PRINT): _____ DATE: / /

BIRTHDATE: / / JOB/TEST TITLE: _____

Please check any category below that applies to you.

- Person with a Disability (Individual with a physical or mental condition that limits one or more major life activity. Examples of major life activities are seeing, hearing, walking, talking, learning, breathing, or taking care of yourself.)
- Male
- Female

Please check one box only - Do not insert additional groups.

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

How did you hear about the position? Please check all that apply:

- Job Fair (specify) _____
- Newspaper (specify) _____
- Radio (specify) _____
- City of Akron Employment Info Line
- City of Akron website
- Employee
- Office walk-in
- Other (specify) _____

EQUAL OPPORTUNITY EMPLOYER