

CITY OF FORT MITCHELL, KENTUCKY APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process, contact the City Clerk at 859-331-1212.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE TYPE OR PRINT, except for signature. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment?

Last Name	First Name	Middle Name	Telephone Number	
Present Street Address		City	State	Zip Code
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If hired, can you furnish proof you are eligible to work in the U. S.		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have you ever applied here before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Were you ever employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of any law violation (except a minor traffic violation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, give details _____			
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered. In addition, pursuant to KRS 335B.020, no person shall be disqualified from public employment solely because of a prior conviction of a crime, unless the crime for which convicted directly relates to the position of employment sought.)			
Are you now or do you expect to be engaged in any other business or employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please explain _____			

<p align="center">EDUCATION</p> <p align="center">List Name and Address of Schools</p>	<p align="center">Number of Years Completed</p>	<p align="center">Diploma/ Degree / Certificate</p>
High School or GED: _____		
College or University: _____ Subjects Studied: _____		
Vocational or Technical: _____ Subjects Studied: _____		
Graduate and/or other education: _____ _____ _____		

MILITARY RECORD

Branch of U.S. Military Service from (month/year) to(month/year): _____

Highest Rank Attained: _____

Military Occupation Specialty and/or Major Duties: _____

Honors or Awards: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ / Final \$
Title:	Reason for Leaving:
Duties:	

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ Final \$
Title:	Reason for Leaving:
Duties:	

REFERENCES

Have you worked or attended school under any other names? Yes No
If yes, give names: _____

Are you presently employed? Yes No
If yes, whom do you suggest we contact? _____

Have you ever been fired or asked to resign? Yes No
If yes, please explain: _____

Give three personal references, not relatives or former employers.

Name	Address	Phone
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Are you now or do you expect to be engaged in any other business or employment? ____ Yes ____ No

If yes, please explain: _____

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

For Driving Jobs ONLY: Do you have a valid driver's license? ____ Yes ____ No _____ Class

Have you had your driver's license suspended or revoked in the last three years? ____ Yes ____ No

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the City is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that this application is the property of the employing City. This application must be signed and dated below before I will receive consideration for employment.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the City representative for details.