

EDUCATIONAL BACKGROUND

Grade School

Name _____ Location _____

Dates Attended: From _____ To _____

Graduate ___ Yes ___ No Grade Point or Class Standing _____

High School

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate ___ Yes ___ No Grade Point or Class Standing _____

Business, Trade, Technical or Vocational School

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate ___ Yes ___ No Grade Point or Class Standing _____

Junior College

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate ___ Yes ___ No Grade Point or Class Standing _____

College/University

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate ___ Yes ___ No Grade Point or Class Standing _____

Type of Degree and/or Major _____

Graduate School

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No Grade Point or Class Standing _____

Type of Degree and/or Major _____

Other, including Military Schools

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No Grade Point or Class Standing _____

Type of Degree and/or Major _____

If you did not graduate from high school, do you have a high school equivalency diploma?

____ Yes ____ No If "YES" to above, give date and type received:

Date: _____ **Type:** _____ **GED** _____ **UASFI** _____ **OTHER**

List professional, trade, business or civic activities and offices held:

Indicate any foreign languages you can speak, read and/or write:

Speak _____ **Read** _____ **Write** _____

PHYSICAL AND MENTAL INFORMATION

Have you ever been treated for, or do you have any history of mental or emotional illness?
 NO YES

If "YES," describe: _____

Do you now have or have you ever had any history of excessive use of alcohol? NO YES

If "YES," describe: _____

Do you now use or have ever used a drug regulated by Chapter 218A, of the Kentucky Revised Statutes known as the Uniform Narcotic Drug Act, and which was not specifically prescribed for your personal use by a licensed physician? NO YES

If "YES," describe: _____ -

Do you have any health or medical conditions that would prevent you from performing the duties of the job as outlined in the job description? NO YES

If "YES," describe: _____

RESIDENCES

List chronologically all of your residences for the past ten (10) years:

From	To	Address	City / State

EMPLOYMENT HISTORY

List below chronologically all employment, including part-time, beginning with present employment. If unemployed for a period, indicate dates of unemployment.

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ To _____

Rate of Pay: Start \$ _____ Finish \$ _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving _____

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ To _____

Rate of Pay: Start \$ _____ Finish \$ _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ To _____

Rate of Pay: Start \$ _____ Finish \$ _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ To _____

Rate of Pay: Start \$ _____ Finish \$ _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Special Skills and Qualifications: _____

COURT DATA

Have you ever been convicted of any offense? ___ No ___ Yes

If "YES," describe: _____

List all traffic citations in the last five (5) years:

Date	City / State	Charge	Final Deposition

List all criminal arrests:

MILITARY DATA

Selective Service Classification (Draft Status) _____

Date of deferment expiration _____

Date of Reserve Obligation completion _____

MILITARY OBLIGATION

___ Subject to call ___ Not subject to call/obligation completed
___ Active Reservist ___ Inactive Reservist ___ Current deferment

RESERVE STATUS

___ Ready ___ Standby ___ Retired-Reg. ___ Other

RESERVE BRANCH

___ Air Force ___ Army ___ Army Air ___ Marines ___ Marine Air ___ Navy
___ Air National Guard ___ Coast Guard ___ National Guard ___ Navy Air

What were your duties in the service (include special training and duty station)?

MILITARY DATA

Have you had any schooling under the G.I. Bill of Rights? If yes, describe:

PERSONAL REFERENCES

Give three references (not relatives, former employers, fellow employees or school teachers) who are responsible persons of reputable standing in their communities, such as householders, property owners, business or professional men and women. **PHONE NUMBERS MUST BE SUPPLIED IN ORDER FOR REFERENCES TO BE VERIFIED AND APPLICATION PROCESSED.**

1. Name _____ Sex _____ Age _____
Years Known _____ Occupation _____
Address _____

Street _____ City/State/Zip _____
Home Telephone _____ Business Telephone _____

2. Name _____ Sex _____ Age _____
Years Known _____ Occupation _____
Address _____

Street _____ City/State/Zip _____
Home Telephone _____ Business Telephone _____

3. Name _____ Sex _____ Age _____
Years Known _____ Occupation _____
Address _____

Street _____ City/State/Zip _____
Home Telephone _____ Business Telephone _____

REQUIRED ATTACHMENTS

Items 1, 2, and 3 must be attached to this application for the application to be processed.
Items 4, 5, 6 and 7 should be attached if at all possible.

1. Copy of Birth Certificate
2. Copy of High School Diploma or State Certified GED
3. Copy of Drivers License
4. Copy of Military Separation from Active Duty, Form DD214
5. Copy of College Transcripts
6. Copy of Trade School or Correspondence Course Certificates
7. Copies of any other documents that may be helpful in assessing your qualifications

APPLICANT'S STATEMENT

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the City permission to verify such answers. I understand that any false statement or omission of fact called for on this application may be considered as sufficient cause for rejection of this application, or for dismissal if such false statement or omission of fact is discovered subsequent to my employment. I hereby authorize the City to conduct an investigative consumer report on me, as defined in Public Law 91-508, and I understand that such report may include information as to my character, general reputation, personal characteristics and mode of living. I understand that, if any inquiry is made, more information as to its nature and scope will be supplied upon written request. If this application is considered favorably, I agree to abide by and comply with all of the ordinances and orders of the City.

Signature of Applicant

Date

This City is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices because of race, color, sex, religion, age, physical disability or national origin except where sex is a bona fide occupational qualification or where a physical disability would prevent a person from performing the job duties. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, color, sex, religion, age, physical disability or national origin.

Department of Human Resources – EEO Data Information

The Civil Rights Act of 1964, Title VII - Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability. We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed. To insure compliance, this page will be removed and kept in a confidential file separate from the Employment Application form.

Name: _____

Social Security No: _____ Date of Birth _____

Street Address _____

City State Zip County

Mailing Address: *(If different from above)*

Street Address _____

City State Zip County

Is this position vacant: ____ Yes ____ No ____ Unknown

Method of Recruitment *(Please specify name of publication)*

A. Newspaper _____

B. Professional Publication _____

C. Referral _____

D. Other _____

Please mark the appropriate space in each category:

Sex: ____ Male ____ Female

Race: ____ Black ____ White ____ Hispanic

____ American Indian/Alaska Native

____ Asian/Pacific Islander

____ Vietnam Era Veteran