

# EMPLOYMENT APPLICATION

## CITY OF FORT WRIGHT, KENTUCKY

**EQUAL OPPORTUNITY EMPLOYER:** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

### PERSONAL

NAME	(LAST)	(FIRST)	(MIDDLE)	Social Security #	TELEPHONE (AREA CODE AND NO.)	
ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP CODE)		
<b>PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS</b>						
STREET ADDRESS	CITY		STATE	ZIP	FROM	TO
STREET ADDRESS	CITY		STATE	ZIP	FROM	TO
<b>OTHER EMPLOYMENT – RELATED INFORMATION</b>						
CHECK THE FOLLOWING OPTIONS WHICH YOU WOULD CONSIDER: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary				LIST ANY RELATIVES WORKING FOR THIS ORGANIZATION Name                                  Department		
IF MINOR, AGE:						
CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP?						YES__ NO__
IF NOT A U.S. CITIZEN, CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.?						YES__ NO__
WERE YOU PREVIOUSLY EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO Date(s) _____		HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? (Conviction will not necessarily disqualify an applicant.) Yes__ No__ If Yes, explain _____				
DO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORM THE JOB APPLIED FOR? (If yes, explain the type of accommodations Required) <input type="checkbox"/> Yes <input type="checkbox"/> No ACCOMODATION: _____			HAVE YOU RECEIVED WORKERS' COMPENSATION DURING THE LAST TEN YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, State the Nature and Date of Injury, Recurring Effects, and Degree of Disability (Applicants may be required to pass a job-related physical exam) _____			

### EDUCATION & TRAINING

HIGH SCHOOL	COMPLETE ADDRESS	Graduate Yes__ No __
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	DEGREE/YEAR
COLLEGE OR UNIVERSITY	COMPLETE ADDRESS	DEGREE/YEAR
TRADE SCHOOL	COMPLETE ADDRESS	Completed: Yes __ No __ YEAR:
APPRENTICE SCHOOL	COMPLETE ADDRESS	Completed: Yes __ No __ YEAR:
LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS, OR CERTIFICATION/LICENSE THAT YOU POSSESS RELATED TO THIS JOB:		
LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT OPERATING:		
LIST ANY LANGUAGES THAT YOU FLUENTLY... SPEAK:                                  READ:                                  WRITE:		

### REFERENCES

LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED TO YOU, FOR AT LEAST THREE YEARS					
1.	NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

EMPLOYMENT APPLICATION – continued

**EXPERIENCE**

**List the last 10 years' work experience beginning with most recent.**

NAME OF EMPLOYER		TYPE OF BUSINESS			
ADDRESS	CITY	STATE	ZIP	PHONE (    )    --	
DATES EMPLOYED FROM            TO	STARTING TITLE		LAST TITLE		
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT? YES __ NO __	WAS EMPLOYMENT FULL-TIME __ PART-TIME __		REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:					
NAME OF EMPLOYER:			TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP	PHONE (    )    --	
DATES EMPLOYED FROM            TO	STARTING TITLE		LAST TITLE		
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT? YES __ NO __	WAS EMPLOYMENT FULL-TIME __ PART-TIME __		REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:					
NAME OF EMPLOYER:			TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP	PHONE (    )    --	
DATES EMPLOYED FROM            TO	STARTING TITLE		LAST TITLE		
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT? YES __ NO __	WAS EMPLOYMENT FULL-TIME __ PART-TIME __		REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:					
NAME OF EMPLOYER:			TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP	PHONE (    )    --	
DATES EMPLOYED FROM            TO	STARTING TITLE		LAST TITLE		
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT? YES __ NO __	WAS EMPLOYMENT FULL-TIME __ PART-TIME __		REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES:					

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE __ YES __ NO IF YES, LICENSE NO.: _____  LIST ANY MOVING VIOLATIONS DURING THE LAST FIVE YEARS UNDER "COMMENTS."
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LIST ANY COMMENTS OR QUALIFYING STATEMENTS YOU CARE TO MAKE _____ _____ _____
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**APPLICANT'S CERTIFICATION**

<p>Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.</p> <p>I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.</p> <p>I authorize you to communicate with all my former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.</p> <p>I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages, or employment related benefits.</p> <p>Date _____ Signature: _____</p>
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