



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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## AUTHORIZATION FOR EMPLOYMENT REFERENCE

To:  
Reference Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

From:

Personnel Director  
City of Fort Wright  
409 Kyles Lane  
Fort Wright, Kentucky 41011

The person whose signature appears below has applied to this company for employment as a \_\_\_\_\_ . To complete our determination of this person's overall suitability for employment in this position and with this company, it is important to us to obtain prior employment, education, and other related information about prospective employees.

While we recognize that prior employers and others having confidential information on their people are reluctant to divulge such information to "outsiders" due to privacy rights laws, we would like to assure you that the contents of this document are treated by us as confidential, is stored separately from an employee's normal personnel file in accordance with Kentucky law, and is not allowed to be reviewed by applicable employees under routine access policy established by Kentucky law. In addition, to assure your further comfort in supplying us with the information requested below, we have obtained the reference person's written authorization allowing you to release the information requested.

Thank you in advance for your help and cooperation in this matter, and please use the confidential envelope enclosed for the return of your response.

<b>APPLICANT IDENTIFICATION DATA</b>	
Applicant's Name: _____	Position: _____
Date of Birth: _____	Social Security Number: _____ - _____ - _____
Current Address: _____	City/State: _____
Prior Address: _____	City/State: _____
Home Phone (    ) _____ - _____	Driver's License No. _____ State _____
<b>PRIOR EMPLOYMENT INFORMATION</b>	
Date of Hire: _____	Position Title: _____
Pay Rate: \$ _____ / _____	
Previous Positions Held _____	Date _____ Rate \$ _____ / _____
Last Position Held _____	Date _____ Rate \$ _____ / _____
Reason For Leaving: _____	
_____	
Last Work Date: _____	

What was this person's most noteworthy job responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR EMPLOYMENT REFERENCE – continued**

Performance Strengths Were? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Performance Weaknesses Were? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date and Nature of Disciplinary Problems (prior three years) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notable Recognitions, Awards, or Achievements \_\_\_\_\_  
 \_\_\_\_\_

<b>BASED ON OVERALL EMPLOYMENT HOW WOULD YOU RATE THIS PERSON'S PERFORMANCE?</b>				
	Superior	Good	Fair	Poor
Job Knowledge and Use of Skills				
Attention to Detail and Memory				
Use of Time/Efficiency				
Relation with Coworkers				
Relations with Superiors				
Customer Relations				
Compliance with Rules and Policies				
Tardiness				
Honesty and Trustworthiness				
Personal Grooming				
Absenteeism				
_____ hours absence during last twelve months of employment				

**DISCLOSURE AUTHORIZATION AND RELEASE**

I hereby authorize \_\_\_\_\_ and its employees and representatives to provide any and all information they deem appropriate regarding my employment and job performance to City of Fort Wright, Kentucky and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against City of Fort Wright, Kentucky and its employees, representatives, and agents, and I release City of Fort Wright, Kentucky and its employees, representatives, and agents from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or Print Full Name \_\_\_\_\_

## APPLICANT AUTHORIZATION TO ACQUIRE CREDIT REPORT

### Personal Identification Information

Applicant Name _____	Birthdate _____
Current Address _____	How Long? _____
City _____	State _____ Zip _____
Previous Address _____	How Long? _____
City _____	State _____ Zip _____
Social Security No. _____	Driver's License No. _____

### Financial and Credit References

#### BANK AND SAVING ACCOUNTS

Name \_\_\_\_\_  
Branch \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type \_\_\_\_\_

Name \_\_\_\_\_  
Branch \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type \_\_\_\_\_

Name \_\_\_\_\_  
Branch \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type \_\_\_\_\_

#### CREDIT ACCOUNTS

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account Type \_\_\_\_\_

The City of Fort Wright, Kentucky has determined that the job for which you are being considered requires that an investigation be made about your credit history, personal character, and general reputation prior to confirming your employment. This notice is given to you in compliance with Public Law 91-508, otherwise known as the Fair Credit Reporting Act, to inform you that a routine inquiry may be made concerning your credit, character, general reputation, personal characteristics or mode of living, and we expect to receive a report thereon. Further information on the nature and scope of such report, if one is made, will be available to you upon your written request that we, or the reporting agency, provide you with a copy.

I HEREBY AUTHORIZE THE CITY OF FORT WRIGHT, KENTUCKY TO ACQUIRE INFORMATION FROM THE SOURCES PROVIDED ABOVE, AND OTHER APPLICABLE SOURCES DEEMED SUITABLE, CONCERNING MY CREDIT, CHARACTER, REPUTATION, AND MODE OF LIVING.

Signature \_\_\_\_\_ Date \_\_\_\_\_

