

APPLICATION FOR EMPLOYMENT

City of Eminence

P.O. Box 163
5115 South Main St.
Eminence, KY40019
(502) 845-4159

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application			
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend			
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Web site			
<input type="checkbox"/> Other	_____			
Last Name	First Name	Middle Name		
Address #	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	

Best time to contact you at home is:	_____ a.m.
	_____ p.m.
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____	
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(Proof of citizenship of immigration status will be required upon employment.)</i>	
Date available for work? _____	What is your desired salary range? _____

Are you available to work	<input type="checkbox"/> Full-Time (indicate 1 2 3 Shift) <input type="checkbox"/> Part-Time (indicated Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (indicate dates avail. _____)
Are you currently on “lay-off” status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>EDUCATION</u>	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work performed
Address		From	To	
Telephone Numbers:		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving:				

Employer		Dates Employed		Work performed
Address		From	To	
Telephone Numbers:		Hourly Rate/Salary		
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Address		From	To	
Telephone Numbers:		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
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Employer		Dates Employed		Work performed
Address		From	To	
Telephone Numbers:		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving:				

If you need more space, please continue on a separate sheet of paper.

List Professional, trade, business or civic activities and offices held.	
<i>You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.</i>	

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

		Production/ Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter wpm_____	<input type="checkbox"/> Shorthand wpm_____		

State any additional information you feel any be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

For Personnel Department Use Only

Position(s) Applied For Is Open: <input type="checkbox"/> Yes <input type="checkbox"/> No Position(s) _____
Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks: _____
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment _____ Job Title _____
Hourly Rate/Salary _____ Department _____
By: _____ Date _____

REFERENCES

1 <u>Name</u> <u>Address</u>	Phone ()
2 <u>Name</u> <u>Address</u>	Phone ()
3 <u>Name</u> <u>Address</u>	Phone ()

APPLICANT'S STATEMENT

I certify that the answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer must discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the even 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 an required to abide by all rules and regulations of the employer.

Signature of Applicant

Date