

APPLICATION FOR EMPLOYMENT

CITY OF HARRODSBURG

208 S. MAIN STREET
HARRODSBURG, KY 40330
PHONE (859) 734-2383
FAX (859) 734-2876

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
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Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Best Time to Contact	E-Mail Address	

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
Are you at least 21 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work: <input type="checkbox"/> Full-Time (please indicate 1 st , 2 nd , 3 rd shift) (please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Part-Time (dates available for work) ____/____/____ - ____/____/____	
What is your desired salary range? _____	
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
Have you been convicted of a felony within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>	
Are you a certified police officer in the state of Kentucky?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date of graduation and DOCJT class number: _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

FOR PERSONNEL DEPARTMENT USE ONLY			
Received On: _____	Copies To: _____	Date: _____	Starting Date: _____ Starting Pay: _____
Received By: _____	_____	_____	Starting Position: _____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

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

EMPLOYER	<u>Dates Employed</u>		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
JOB TITLE	<u>Hourly Rate/Salary</u>		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			EXPLANATION OF GAP IN EMPLOYMENT
EMPLOYER	<u>Dates Employed</u>		
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
JOB TITLE	<u>Hourly Rate/Salary</u>		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			EXPLANATION OF GAP IN EMPLOYMENT
EMPLOYER	<u>Dates Employed</u>		
ADDRESS	FROM	TO	
TELEPHONE NUMBER(S)			
JOB TITLE	<u>Hourly Rate/Salary</u>		MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			EXPLANATION OF GAP IN EMPLOYMENT

REFERENCES

1.	_____ (NAME)	() _____ (PHONE #)
2.	_____ (NAME)	() _____ (PHONE #)
3.	_____ (NAME)	() _____ (PHONE #)

EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

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

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

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

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

APPLICANTS STATEMENT

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

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 6 months. 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 may 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 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE

DATE

AUTHORIZATION FOR RELEASE OF RECORDS

For the purposes of employment at the City of Harrodsburg I, _____ do hereby give the City of Harrodsburg permission to conduct a criminal background check and credit report. Furthermore, I do hereby authorize creditors and current or former employers to release information pertaining to me.

SIGNATURE

DATE

Social Security #: _____

Address: _____

Phone #: _____

FOR POLICE APPLICANTS ONLY

For purposes of employment at the Harrodsburg Police Department:

I, _____, do hereby give authorization for personnel at the Harrodsburg Police Department who have been assigned by the Chief of Police to conduct background investigations to request from any law enforcement agency, creditor, and current or former employer any information pertaining to me.

I, _____, do hereby give authorization for any law enforcement agencies, creditors and current or former employers to release any/all information pertaining to me (including, but not limited to: traffic and/or criminal arrest records and/or convictions, credit reports, employment information) to personnel at the Harrodsburg Police Department who have been assigned by the Chief of Police to conduct background investigations.

Social Security #: _____

Operator's License # and state where issued: _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____