



**CITY OF OAK GROVE, KY  
APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process contact City Hall at 270-439-4646.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: (circle one) Full-time Part-time Temporary Volunteer employment?

When are you available to start work? \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number
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Present Street Address	City	State	Zip Code
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Are you 18 years of age or older or 21 years & older for PD & Emergency Services Yes  No   
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U. S. Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes  No

If yes, give details \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered. In addition, pursuant to KRS 335B.020, no person shall be disqualified from public employment solely because of a prior conviction of a crime, unless the crime for which convicted is one described in KRS 335B.010(4) or otherwise directly relates to the position of employment sought.)

Are you now or do you expect to be engaged in any other business or employment? Yes  No

If yes, please explain \_\_\_\_\_

### EDUCATION

List Name and Address of Schools High School or GED: _____ _____ _____	Number of Years Completed	Diploma/ Degree / Certificate
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____ _____		

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years? Yes  No

If yes, give details \_\_\_\_\_

List professional, trade, business, or civic activities and offices held.  
(Exclude labor organizations and memberships which reveal race, color, Religion, national origin, sex, age, disability, or other protected status.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY RECORD**

Branch of U.S. Military Service from (month/year) to (month/year): \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Military Occupation Specialty and/or Major Duties: \_\_\_\_\_

Honors or Awards: \_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$                      Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$                      Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$                      Final \$
Title:	Reason for Leaving:
Duties:	

## REFERENCES

Have you worked or attended school under any other names?                      Yes                       No

If yes, give names: \_\_\_\_\_

Are you presently employed?                      Yes                       No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired or asked to resign?                      Yes                       No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone

## AFFIDAVIT

### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any and all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the City representative for details.

## **AFFIDAVIT**

### **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

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

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

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.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the City is of an "at-will" nature, which means that either the employee may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that this application is the property of the employing City. This application must be signed and dated below before I will receive consideration for employment.

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the City representative for details.

# HR Form 19

## BACKGROUND CHECK RELEASE FORM

I, give the City of Oak Grove, Kentucky my permission to conduct a criminal background and / or credit check using my name and personal information.

I understand the information given and received will be kept confidential and may affect employment offering.

Full Name

\_\_\_\_\_

Maiden Name (if applicable)

\_\_\_\_\_

Other Former Names (list all, if applicable)

\_\_\_\_\_

Birthdate \_\_\_ / \_\_\_ / \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #/Issuing State

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date