

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

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:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
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 answers given herein are true and complete to the best of my knowledge.

I authorize the 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 before beginning employment I must pass a preemployment drug test and any other applicable testing or background check for the position. I understand that the city complies with the federal Fair Credit Reporting Act (FCRA), federal and state equal employment opportunity laws and all other applicable legal authority that affects the performing of pre-employment background checks, including KRS 335B, which requires that only criminal convictions which directly relate to the position of employment sought will be considered.

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