

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 questions. Use blank paper if yo on back of application. In reacintended to imply illegal preferen	ou do not have enough ling and answering th	n room on this applicate following question	ntion. PLEASE as, be aware that	PRINT, except for signature at none of the questions are
Job Applied for			T	oday's Date
Are you seeking: (circle one)	Full-time Part-tin	me Temporary	Volunteer	employment?
When are you available to start w	ork?			
Last Name	First Name	Middle Name		Telephone Number
Present Street Addre	ess	City	State	z Zip Code
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 yo	ou are eligible to work	in the U.S. Yo	es 🗌	No 🗌
Have you ever applied here befo	re? Yes 🗌	No If ye	es, when?	

Were you ever employed here? Yes No If yes, wh	nen?	
Have you ever been convicted of any law violation (except a minor traffic violation)	on)? Yes	No 🗌
If yes, give details	loyment, since the idered. In addition oyment solely be described in KR	on, pursuant to cause of a prior
Are you now or do you expect to be engaged in any other business or employment. If yes, please explain		No 🗌
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 applications of the state of the property of the	oplying?	
What machines or equipment can you operate that are related to the job for which you are approximately approximate		
For Driving Jobs <u>Only</u> : 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**.

Toloronees. TEERISE GIVE MONTH INVO TERM.			
Name of Employer:	Supervisor:		
Address:	Employed: From (mo/yr)	/ To (mo/yr)	
City, State, Zip Code:	Pay: Start \$	Final \$	
Title:	Reason for Leaving:	7 mw. ¢	
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:			
REFER	RENCES		
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		
certify that all information provided in this employment application is true and complete. I understand that any fa nformation or omission may disqualify me from further consideration for employment and may result in my dismis f discovered at a later date.		
authorize the investigation of any and all statements contained in this application. I also authorize, whether listed not, any person, school, current employer, past employers and organizations to provide relevant information applications that may be useful in making a hiring decision. I release such persons and organizations from any legislity in making such statements.	ınd	
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.		
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.

below before I will receive consideration for employment	•
I have read, understand, and by my signature consent to the	nese statements.
Signature:	Date:
This application for employment will remain active for a l	limited time. Ask the City representative for details.