



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

We do not discriminate based on 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 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.)

Have you ever applied here before? Yes ☐ No ☐ If yes, when? _____

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 _____

CRIMINAL CONVICTION DISCLOSURE

Have you ever been convicted of a felony?

☐ Yes

☐ No

If yes, please provide the date of the conviction, nature of the offense, and court where the conviction occurred. A conviction will not automatically disqualify you from employment.

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 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:	
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Title:	Reason for Leaving:

Duties:	
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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 test 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

