



CITY OF BARDSTOWN

EMPLOYMENT APPLICATION

- Full-time
- Part-time

- Seasonal
- Temporary

Please read inserted acknowledgements then complete application using ink or by typewriter.

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non-job-related medical condition or disability.

Personal Information

Name: Last		First	Middle	Social Security Number	
Current Address	No.	Street		Tel.	
	City	State	Zip Code	E-mail	
Permanent Address (if different from above)	No.	Street		Tel.	
	City	State	Zip Code	E-mail	

Employment Interest

WHAT POSITION ARE YOU SEEKING: MINIMUM SALARY REQUIREMENT: DATE AVAILABLE FOR WORK? WILL YOU PERFORM SHIFT WORK?	CAN YOU TRAVEL IF JOB REQUIRES IT: (Please list any restrictions) DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE: IF YES, LIST NAME(S) AND DEPARTMENT(S):
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Education

EDUCATION	ELEMENTARY	HIGH	COLLEGE / UNIVERSITY	GRADUATE PROFESSION
NAME AND LOCATION OF SCHOOL				
YEARS COMPLETED (✓)	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<u>DIPLOMA / DEGREE</u> YEAR RECEIVED				
MAJOR / FIELD OF STUDY				

AREAS OF SPECIALIZED TRAINING:

COMPUTER SKILLS:

VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:

SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:

SHORTHAND: YES NO WPM: _____ | TYPING: YES NO WPM: _____

MAY WE CALL YOUR PRESENT EMPLOYER: IF NO, WHEN MAY WE CALL?

YES NO PHONE: ()

Work Experience

Describe all work experience starting with most recent. Please submit a resume with this application, if available.

Employer	Duties	<u>Dates Employed</u> To / From
Address		
Job Title		<u>Hourly Rates / Salary</u> Starting / Final
Supervisor		
Reason for leaving:		

Employer	Duties	<u>Dates Employed</u> To / From
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Job Title		<u>Hourly Rates / Salary</u> Starting / Final
Supervisor		
Reason for leaving:		

IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE APPLIED FOR POSITION, PLEASE COMPLETE THE FOLLOWING:

Driver's License Number:

Professional License Number:

Highlight skills relevant to the position(s) sought.

Have you ever been convicted of a crime, felony, or misdemeanor: Yes No If Yes, explain:

References - Activities - Military Service

Give the name of two references. Do not include relatives or previous employers

Name	Relationship	Address	Phone #
1.			
2.			

List offices held in school, civic clubs or business organizations: You may omit those that indicate race, color, religion, or national origin

1.

2.

3.

Current interests or hobbies:

Branch of U.S. Military Service from (Mo/Year) to (Mo/Year)

Highest Rank Attained

Military Occupation Specialty and/or Major Duties

Honorable Discharge?

Yes No

Are You a Disabled Veteran? If yes, nature of disability and % VA rating assigned.

Yes No

Are you a Vietnam Era Veteran? If yes, month and year active duty completed.

Yes No

Additional Comments?

Summary

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

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 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 dismissal. 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 this organization is of an "at-will" nature, which means that either the employee or employer 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 City of Bardstown. This application must be signed and dated below before receiving consideration for employment.

Signature

Date

FOR CITY OF BARDSTOWN PERSONNEL DEPARTMENT USE ONLY

Applied for is OPEN: Yes No

Position(s) considered for:

Applicant reviewed by:

Date:

Interview: Yes No

If yes, Date:

Time:

Interviewed by (List Participants)

Hired: Yes No

Date of employment:

Title:

Department:

Starting Salary:

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than one year, or both.

CITY OF BARDSTOWN

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from VeriCORP, Inc., and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

Applicant Signature: _____ **Date:** _____

Please PRINT clearly: Position applied for: _____

Name: _____ Maiden / AKA _____
First Middle Last

Soc. Sec. #: _____ Sex: _____ Race: _____ Date of Birth: _____

Current Address: _____ County _____

City: _____ State _____ Zip _____ Years there: from _____ to _____

Previous Address: _____ County _____

City: _____ State _____ Zip _____ Years there: from _____ to _____

Prior Employer

Employer: _____ Dates there: _____ to _____

City: _____ State: _____ Phone: _____

Job Title: _____ Supervisor: _____

Education Verification

School attended: _____ Degree: _____

City: _____ State: _____ Dates attended: _____ to _____

Motor Vehicle Report

Name as it appears: _____ License #: _____ State held: _____

Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during the background investigation.

**CITY OF BARDSTOWN
DEPARTMENT OF PERSONNEL
EEO DATA INFORMATION**

The Civil Rights Act of 1964, Title VII – Equal Employment Opportunity – prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

Name _____ Social Security No. _____ DOB _____

Address _____
Street, Route or Box City State Zip Code

Position Applied For _____ Date _____

Is Position Vacant: Yes No

Method of Recruitment (Please specify or give name of publication):

- A. Newspaper _____
- B. Professional Publication _____
- C. Referral _____
- D. Other _____

PLEASE CHECK () APPROPRIATE BOX

Sex: Male Female

Race: Black White Hispanic Asian / Pacific Islander
 American Indian / Alaskan Native

Other: Vietnam Era Veteran Disabled Veteran Individual with a Disability

Failure to complete this form does not preclude the applicant's consideration for the applied position.

AN EQUAL OPPORTUNITY EMPLOYER