

318 Garvey Avenue Elsmere, Kentucky 41018 (859) 342-7911

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

Part I Personal Information

(Please print or Type)	Γ	Date of Application:		
Name:				
Last	First	Middle	Maiden	
Address:				
How long have you lived at your not lived at your current address	r present address?longer than ten (10) years:	Please list your previo	ous address if you have	
Contact Phone Number:	E	mail Address:		
Social Security Number:	Are	you at least 18 years old? (0	Circle) YES NO	
Are You a Citizen of the United	States: If not, w	nat is your immigration statu	us?	
Do you have a valid Driver's Lie	cense? (Circle) YES N	O If so, State of Issue: _		
Date of Issue:				
Have you ever been convicted o years which has not been annulled	•		-	
Have you ever been bonded?	If yes, or	what jobs		
Are you able to perform the essereasonable accommodation?	ential functions of the job for If no, please			

Part II General Information

Position Applied For:			
If Applying as a Police Officer are you certified?	What S	What State are you certified	
Are You Applying for: Full Time	Part Time _		Seasonal
If Part Time, What Days/Hours are you available?			
Shifts You Would Accept: Days	Nights	Evenings	Weekends
Are You Employed Now (Circle) Yes No	May we contact	you present emp	loyer (Circle) Yes No
On What date would you be available for work: _			
Salary Desired:	Minimum Acceptable Salary:		
Have You Been Employed By The City of Elsmere	e Before (Circle)	YES	NO
If yes please provide the following: Date(s)		Department	
HIGH SCHOOL High School Attended:			
High School Attended:			
City		State	
Do you have a High School Diploma? (Circle) If not did you receive your GED? (Circle)		10 10	
COLLEGE			
Name of College or University:			
Address:			
Dates Attended:	Diploma/Degree:		
Major:	Minor:training programs, etc.):		
List other training received (special courses, work	training programs	, etc.):	

ist special qualifications and skills (licenses, skills with machines, publications, etc.):					
	ES NO Branch of Service				
Dates of Service: From					
Rank at Discharge:	Honorable Discharge? (Circle) Yes No				
List Duties in the service including special train	ning				
	PART IV				
EMP	LOYMENT HISTORY				
Please list all present and past employment,	beginning with your most recent				
Employer:					
Phone Number:					
Dates Employed: From:	To:				
Salary: Starting:	Ending:				
Job Title:					
Reason for leaving:					
Employer:					
Address:					
Phone Number:					
Dates Employed From:	To:				
Salary: Starting:	Ending:				
Job Title:	Supervisor:				
Reason for leaving:					

Employer:					
Address:					
Phone Number:					
Dates Employed From:	To:				
Salary: Starting:	Ending:				
Job Title:	Supervisor:				
Reason for leaving:					
** If you need additional space, conti	nue on a separate sheet of paper.				
	PART V				
	REFERENCES				
Please list three references (not relatives or former employers)					
Name	Relationship	Phone Number			
1.					
2					
3					
AUTHORIZATION					
knowledge. I understand that, if employerse for immediate discharge. I hereby employers listed above to give you any	and any supplemental information is true and yed, falsified statements on this application and all information concerning my employease all parties from all liability for any details.	on shall be considered sufficient s contained herein and oyment, and any pertinent			
establishes any obligation for the compa can terminate my employment at any tin	n of this application nor any part of my coany to hire me. If I am hired, I understan me and for any reason, with or without ca company has the authority to make any a	d that either the company or I ause and without prior notice. I			
I understand that I am required that I an	n required to abide by all rules and regula	ations of the company.			
Signature:	Date:				

PART VI

EQUAL OPPORTUNITY EMPLOYMENT

We are an Equal Opportunity employer and do not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national orientation, medical condition, disability, veteran status, or any other basis protected by law.

The information provided will be used to research, reporting, and statistical purposes and to monitor legal compliance. To help us comply with these government requirements, please complete the following information.

Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment if hired. We appreciate your cooperation.

Gender

- o Female
- o Male
- o I choose not to respond

Race/Ethnicity:

- American Indian or Alaska Native (not Hispanic or Latino)
 A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Black or African American (Not Hispanic or Latino)
 A person having origins in any of the Black racial groups of Africa
- Hispanic or Latino
 - A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race
- Asian (Not Hispanic or Latino)
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- White (Not Hispanic or Latino)
 A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- A Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Two or More Races (Not Hispanic or Latino)
 All Persons who identify with one or more of the above races
- o I Choose Not to Respond