

**City of Olive Hill
225 Roger Patton Drive
Olive Hill, KY 41164**

Phone: (606) 286-5532

Fax: (606) 286-8538

EMPLOYMENT APPLICATION

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

General Instructions:

- A. Completion of the application – print clearly in blue or black INK or TYPEWRITE information.
 - B. The position in which you are interested must be specified on the application.
 - C. Immediately notify the City Clerk of any change in your name, address or telephone number.
 - D. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the City Clerk.
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Application Statement:

I certify that the answers given herein are true, correct and complete to the best of my knowledge.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from employment whenever it is discovered.

I expressly authorize without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process, and all other persons, corporations or organizations for furnishing such information about me.

I understand that neither this document nor any verbal promises made by the employer or representative employee(s) may be constituted as an employment contract.

I understand that this application is the property of the City of Olive Hill and will be kept on file for one (1) year. After that period, unless otherwise notified, I understand that my status as an applicant will end. I may reapply by completing a new application.

This application must be signed and dated on the following page before I will receive consideration for employment.

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Rev. 04-23-09

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand and agree that I may be required to submit to random drug screening at any time, including during any time of employment should I be hired. I understand and agree that should I fail any such screening I will be immediately discharged from my employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is as an employee **"AT WILL"**, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **"AT WILL"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the city.

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 that I am required to abide by all rules and regulations of the employer as now exist or as may be amended from time to time.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature (Please sign – Do not type or print)	Date
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EACH SECTION OF THE APPLICATION MUST BE COMPLETED EVEN THOUGH THE APPLICANT MAY ELECT TO INCLUDE ADDITIONAL MATERIAL SUCH AS A RESUME. An incomplete application, **INCLUDING REQUIRED ATTACHMENTS**, may result in the application being rejected or delayed, which could result in a lost job opportunity. Therefore, please check to insure that each item has been completed.

PERSONAL INFORMATION	NAME – Last First Middle			SOCIAL SECURITY NO.
	PRESENT ADDRESS – Street, City, State, Zip Code			PHONE NO. ()
	MAILING ADDRESS (if different) Street or PO Box, City, State, Zip			PHONE NO. ()
	EMERGENCY PHONE NO. ()	Are you prevented from legally becoming employed in this country because of visa or immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Have you applied for employment or been employed with the City of Olive Hill before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give position(s) and date(s):			
	Have you ever been convicted of any violation, misdemeanor, or felony as an adult (over the age of 18)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide charge(s), location(s), and date(s):			
EMPLOYMENT INTEREST	TYPE OF EMPLOYMENT DESIRED: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/>			DATE AVAILABLE FOR WORK:
	WHAT POSITION ARE YOU SEEKING?			WILL YOU PERFORM SHIFT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>
	CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions) YES <input type="checkbox"/> NO <input type="checkbox"/>			ARE YOU ON LAYOFF OR SUBJECT TO RECALL? YES <input type="checkbox"/> NO <input type="checkbox"/>
EDUCATIONAL RECORD	Name and Location	Years Completed	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, did you receive GED?	Course of Study
	High			
	College			
	Other			
	INCLUDE COPY OF HIGH SCHOOL DIPLOMA OR GED AND COLLEGE OR OTHER EDUCATION RECEIVED			
Shorthand: Yes <input type="checkbox"/> WPM: _____ No <input type="checkbox"/> Typing: Yes <input type="checkbox"/> WPM: _____ No <input type="checkbox"/>				
SPECIAL CONSIDERATIONS	1	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING: Name of Trade or Profession License Number		
	2	LIST ANY SKILLS AND ABILITIES THAT YOU POSSES THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:		
REFERENCES	NAME TWO REFERENCES. DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.			
	Name	Relationship	Address	Phone No.
ADDITIONAL INFORMATION	BRANCH OF U.S. MILITARY SERVICE FROM _____ (MONTH/YEAR) To _____ (MONTH/YEAR)			
	HIGHEST RANK ATTAINED:			ATTACH COPY OF DD214
	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES INCLUDING SPECIAL EDUCATION/TRAINING:			

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PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper.				
1	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES	May we call your present employer now?	
	SUPERVISOR		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current or Previous Employer	REASON FOR LEAVING OR WANTING TO LEAVE:		If no, when may we call?	
2	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
Next Previous Employer	REASON FOR LEAVING:			
3	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
Next Previous Employer	REASON FOR LEAVING:			
4	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
Next Previous Employer	REASON FOR LEAVING:			
5	EMPLOYER	TELEPHONE ()	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
Next Previous Employer	REASON FOR LEAVING:			

EMPLOYMENT EXPERIENCE

CITY OF OLIVE HILL

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. _____ Date of Birth _____

Address _____
Street, Route or Box City State Zip Code

Position Applied for _____ Date _____

METHOD OF RECRUITMENT (Please specify or give name of publication):

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

PLEASE CHECK (v) APPROPRIATE BOX

Sex: Male Female

Race: Black White Hispanic American Indian/Alaskan Native

“Failure to complete this form does not preclude the applicant’s consideration for the position.”

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