

APPLICATION FOR EMPLOYMENT

City of Leitchfield
 P.O. Box 398 Leitchfield, Kentucky 42755-0398
 Phone: 270.259.4034, Fax: 270.259.5858

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the City to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, and any other legally protected status under state and federal law. It is also the policy of the Company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon a successful completion of a medical examination, which may include providing body substance samples.

PERSONAL INFORMATION

Name Last	First	Middle	Date of Application
Home Phone		Work Phone	

Please list below your current address and your two other most recent addresses

Current	Street	City	State	Zip	Since (Mo/Yr)
	Street	City	State	Zip	Since (Mo/Yr)
	Street	City	State	Zip	Since (Mo/Yr)

EDUCATION

High School Attended	City, County & State		Did you earn a Diploma?
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Department Applied For (circle): Public Works, Parks & Rec, Utilities, Fire, Police, Other	Date You Can Start Work:	Desired Salary: \$
Position Applied For: _____	Can You Work: Weekends Evenings	
Do You Prefer: Full-Time Part-Time		

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

1) Are you at least 18 years of age and legally eligible for work in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2) Will you work overtime when necessary?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3) Have you received a description of the job or been made aware of the essential functions of the job you are applying for:	YES <input type="checkbox"/> NO <input type="checkbox"/>
4) Do you understand the job requirements?	YES <input type="checkbox"/> NO <input type="checkbox"/> (If no, please explain)
5) Are you on layoff and subject to recall?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6) Are you currently bound by a non-competition or trade secret agreement? (If yes, please explain)	YES <input type="checkbox"/> NO <input type="checkbox"/>
7) Have you ever been discharged or asked to resign from a job? (If yes, please explain)	YES <input type="checkbox"/> NO <input type="checkbox"/>
8) Have you ever been involuntarily terminated from a job? (If yes, please explain.)	YES <input type="checkbox"/> NO <input type="checkbox"/>
9) Do any of your friends or relatives, other than spouse, work here?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you at least 16 years of age and legally eligible for work in the United States? Yes / No

If no, explain: _____

*****THE CITY OF LEITCHFIELD IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER*****

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Please list below your last four employers beginning with the most recent:

Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$		Supervisor
Duties		Reason for Leaving		

JOB-RELATED SKILLS

Please answer the following if the position you are applying for requires or may require driving a motor vehicle:

1. Do you have a valid driver's license? YES NO
(If YES: Driver's License Number) _____ State of Issue: _____
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five years?
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?
4. Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc., that may relate to the position applied for. Include date granted, name of organization and any other relevant information.

APPLICANT'S CERTIFICATION AGREEMENT

I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the Company from all liability which might result from making the investigation.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or on any required documents) may result in denial of employment or immediate termination of employment, regardless of when or how discovered.

I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date

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Background Check Consent Form

Please **PRINT** all your information **LEGIBLY** below & sign and date at the bottom.

Full Name : (PLEASE PRINT) _____

Soc Sec #: _____ Date of Birth ____/____/____

Physical Address: _____

City _____ State _____ Zip Code _____

Phone # 1 _____ Phone # 2 _____

Signature: _____

Date: ____/____/____

Witness: _____

(City of Leitchfield Supervisor/Dept Director or other Employee)