



BARDSTOWN

APPLICATION FOR EMPLOYMENT

Please return to: Human Resources Dept., 220 North 5th Street, Bardstown KY 40004

Please read inserted acknowledgements then complete the application in your own handwriting, using ink

OUR MISSION – The City of Bardstown provides quality, affordable services that ensure the health, safety and well-being of citizens, while collaborating throughout the community to ensure its economic, social and environmental vitality.

Personal Information

Name Last:		First		Middle
Current Address	No:	Street:		Tel.
	City:	State:	Zip Code:	E-mail

Employment Interest

What position are you seeking?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
Minimum Salary Requirement:	Does anyone in you immediate family work here? If yes list name(s) and department(s):
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work?

Education

Education	Elementary	High	College/University	Graduate Profession
Name and Location of School				
Years Completed <input checked="" type="checkbox"/>	<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:

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**. **Must be completed in full.**

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

If a license or certification 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 sought:

Have you ever been convicted of an offense against the law or forfeited a bond? Please include ALL traffic violations. (Convictions may include, but are not limited to speeding tickets, motor vehicle moving violations and misdemeanors.)

Yes No If Yes, explain:

Disclaimer: A "Yes" answer above does not automatically disqualify you from employment, since the nature of the offense and the job for which you are applying will also be considered.

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 volunteer positions, interests, or hobbies.

For Veterans Only

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

Highest Rank Attained:

Military Occupation Specialty and/or Major Duties

Summary

Please read carefully, initial each paragraph and sign below.
This application will remain current for a period of six (6) months.

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

_____ I authorize investigation of all statements contained in the employment application and additional job-related background investigations that 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 regulation of the employer.

_____ I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as a 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

In order to be considered for a position with the City of Bardstown, you must fill out all sections of this application

FOR CITY OF BARDSTOWN PERSONNEL USE ONLY

Applied for is OPEN Yes No

Position Considered For:

Date:

Application Reviewed By:

Interview Yes No If Yes, Date:

Time:

Hired Yes No

Date of Employment:

Title:

Department: