

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.

your own handwriting,			J		,		Ž
		Pe	ersonal	Information			
Name Last:	No:	First Street:			Middle		
Current Address	110.	Sirect.				Tel.	
	City:		State:	Zip	Code:	E-mail	
		Е	mploym	ent Interest			
What position are you see	eking?	□F	☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary				ury
Minimum Salary Require		Does anyone in you immediate family work here? If yes list name(s) and department(s):					
Are you able to perform the applying for, with or with ☐Yes ☐ No							
			Edu	cation			
Education	Elen	nentary		High	College/Univer	rsity	Graduate Profession
Name and Location of School							
Years Completed ☑	□5 □6	□7 □8	□9 □	10 🗆11 🗆12	□1 □2 □3	□4	□1 □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		recent. Must be completed in full.			
Employer	Duties	<u>Dates Employed</u> From / To			
Address:					
Job Title:		Hourly Rates/Salary Starting/Final			
Supervisor:					
Reason For Leaving	1				
May We Contact This Employer □	Yes □No				
Employer	Duties	<u>Dates Employed</u> From / To			
Address:					
Job Title:		Hourly Rates/Salary Starting/Final			
Supervisor:					
Reason For Leaving					
May We Contact This Employer	Yes □No				
F1	D.C.	D. F. Leal			
Employer	Duties	<u>Dates Employed</u> From / To			
Address:					
Job Title:		Hourly Rates/Salary Starting/Final			
Supervisor:					
Reason For Leaving		I			
May We Contact This Employer □	Yes □No				
Employer	Duties	Dates Employed			
Address:		From / To			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>			
Supervisor:					
Reason For Leaving		I			
May We Contact This Employer □	Yes □No				

following:			
Driver's License Number:		Professional License Number:	
Highlight skills relevant to the p	position sought:		
		Forfeited a bond? Please include ALL traceing violations and misdemeanors.)	affic violations. (Convictions may
☐ Yes ☐ No If Yes, explain:			
Disclaimer: A "Yes" answer abo for which you are applying will		ualify you from employment, since the	nature of the offense and the job
	References – Act	ivities – Military Service	
Give the name of two references	s. Do not include relatives or pro	evious employers.	
Name	Relationship	Address	Phone#
1			\
1.			
2.			
2.	clubs, or business organization	s. You may omit those that indicate rac	e, color, religion, or national
2. List offices held in school, civic	e clubs, or business organization	s. You may omit those that indicate rac	e, color, religion, or national
List offices held in school, civic origin.	clubs, or business organization	s. You may omit those that indicate rac	e, color, religion, or national
2. List offices held in school, civic origin. 1.	clubs, or business organization	s. You may omit those that indicate rac	e, color, religion, or national
2. List offices held in school, civic origin. 1.		s. You may omit those that indicate rac	e, color, religion, or national
2. List offices held in school, civic origin. 1. 2. 3.		s. You may omit those that indicate rac	e, color, religion, or national
2. List offices held in school, civic origin. 1. 2. 3. Current volunteer positions, inte	erests, or hobbies.	s. You may omit those that indicate rac	
2. List offices held in school, civic origin. 1. 2. 3.	erests, or hobbies.		e, color, religion, or national Highest Rank Attained:
2. List offices held in school, civic origin. 1. 2. 3. Current volunteer positions, interesting the school of the	erests, or hobbies. For Ver from (Mo/Year) to (Mo/Year)		

Sum	ımary			
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 jobrelated 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 employee may be constituted as a contract.	verbal promises made by the employer or representative			
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 signed and dated below before receiving consideration for	y of the City of Bardstown. This application must be or employment.			
Signature	Date			
In order to be considered for a positon with the City of application	of Bardstown, you must fill out all sections of this			
FOR CITY OF BARDSTOWN PERSONNEL USE ONLY				
Applied for is OPEN □ Yes □ No Position Considered For:				
Application Reviewed By: Date:				
Interview ☐ Yes ☐ No If Yes, Date: Time:				
Hired □ Yes □ No	Date of Employment:			
Title:	Department:			

City of Bardstown

DEPARTMENT OF PERSONNEL EEO DATA INFORMATION

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

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 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		A	Social	Security No.	DOB _	
Address	Street, Route					
	Street, Route	or Box		City	State	Zip Code
Position	Applied For				Date	
Is Positio	on Vacant:	□Yes	□No			
Method	of Recruitment (P	lease specify or	give name of pul	olication):		
Α.	Newspaper					
B.	Professional Pu	blication		· · · · · · · · · · · · · · · · · · ·		
C.	Referral	www.				
D.					5. 16.	
E.						
PLEASE	E CHECK (√) AP	PROPRIATE	EBOX			
Sex:	□ Male	☐ Female				
Race:					aiian / Pacific Islander Two or More Races	
Other:	☐ Veteran	□ Disable	d Veteran	Individual with a D	isability	

AN EQUAL OPPORTUNITY EMPLOYER

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 lined not more than \$2,500 or imprisoned not more than one year, or both.

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

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:		A	Di	ite:	
Please PRINT clearly:					
Name:	NATION CONTRACTOR		Maiden / AKA		
First	Middle	1 951			
Soc. Sec. #:	Sex:	Race:	Date of Birth:	entre de la companya	
Current Address:		THE STATE OF THE S	County		
City:	State	Zip	Years there: fr	om to	
Previous Address:		h a 17 Millionna a Protesiana de la Colonia de Francisco (n. 1820).	County		
City:	State	Zip	Years there: from	om to	
Prior Employer		X	Desirah	4	
Employer:	THE THE PROPERTY OF THE PROPER	and the same of th	Dates mere:	10	
City:	S	tate:	Phone:	And the second s	
Job Title:					
Education Verification				And the state of t	
School attended:			Degree:		
City:	State:	State:		Dates attended:to	
Motor Vehicle Report	manus, extension and the state of the state		COR. 1	# MM # 10 1/	
Name as it appears:		License #:	The second secon	State held:	