

Employment Application



City of Ludlow

P.O. Box 16188 • Ludlow, KY 41016 • 859-491-1233

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, disability or other legally protected status.

Please read acknowledgments (page 3, section I), then complete application using typewriter or ink.

Personal Information	A	1	NAME - Last	First	Middle	Social Security #:	
	2	PRESENT ADDRESS: Street	City	State	Zip Code	PHONE #: ()	
	3	PERMANENT ADDRESS: Street	City	State	Zip Code	PHONE #: ()	
	4	EMERGENCY PHONE # ()	5	AGE: (If under 18)			
	6	Have you applied for employment or been employed here before? YES NO	If yes, give position(s) & date(s):				
	Employment Interest	B	1	TYPE OF EMPLOYMENT DESIRED: FULL-TIME PART-TIME TEMPORARY/SEASONAL			2
3		WHAT POSITION ARE YOU SEEKING?	4	MINIMUM SALARY REQUIREMENT:			
5		CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions) YES NO	6	Are you on layoff or subject to recall? YES NO			
7		DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? If yes, List Name(s), Relationship(s), and Department YES NO					
Educational Record	C	EDUCATION:	High School	College/University	Graduate/Professional		
	1	NAME AND LOCATION OF SCHOOL					
	2	YEARS COMPLETED (Please Circle Last Year)	9 10 11 12	1 2 3 4	1 2 3 4		
	3	DIPLOMA/DEGREE YEAR RECEIVED					
	4	MAJOR FIELD OF STUDY					
	5	AREA(S) OF SPECIALIZED TRAINING:					
	6	TITLE OF THESIS AND SPECIAL RESEARCH PROJECT(S):					
	7	HONORS RECEIVED:					
	8	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:					
	9	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:					
10	TYPING: YES NO WPM:	COMPUTER EXPERIENCE: (Please Circle) Windows 7/8 Word Excel					

AN EQUAL OPPORTUNITY EMPLOYER

D	PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences. If any additional space is needed, please use an extra sheet of paper.			
	1 Current Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED
				FROM TO
		ADDRESS:		
		JOB TITLE:	SUPERVISOR:	HOURLY RATES/SALARY
			STARTING FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:			
	2 Previous Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED
				FROM TO
		ADDRESS:		
		JOB TITLE:	SUPERVISOR:	HOURLY RATES/SALARY
			STARTING FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:			
	3 Previous Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED
				FROM TO
		ADDRESS:		
		JOB TITLE:	SUPERVISOR:	HOURLY RATES/SALARY
			STARTING FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:			
	4 Previous Employer	EMPLOYER:	DUTIES:	DATES EMPLOYED
		FROM TO		
ADDRESS:				
JOB TITLE:		SUPERVISOR:	HOURLY RATES/SALARY	
		STARTING FINAL		
REASON FOR LEAVING OR WANTING TO LEAVE:				
5	MAY WE CALL YOUR PRESENT EMPLOYER NOW? If not, when may we call?			
	YES NO PHONE: ()			
F Special Considerations	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:			
	<u>Driver's License Number:</u>		<u>Name of Trade or Profession License Number:</u>	
	2 LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:			

F References	GIVE THE NAME OF THREE REFERENCES. PLEASE DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.				
	1	NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER
G Activities	1	LIST OFFICES HELD IN SCHOOL, CIVIC CLUBS, OR BUSINESS ORGANIZATIONS. YOU MAY OMIT THOSE THAT INDICATE SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN:			
	2	CURRENT HOBBIES, INTERESTS, OR FAVORITE RECREATION:			
H	1	Branch of U.S. Military Service from (month/year) to (month/year):	2	Highest Rank Attained:	
	3	Military Occupation Specialty and/or Major Duties:			
Additional Information		This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.			
	4	Are you a Vietnam Era Veteran?	If yes, please list month and year active duty completed:		
		YES NO			
	5	ADDITIONAL COMMENTS:			
Please read before completing application.					
I Acknowledgements	1	I certify that the answers given herein are true and complete to the best of my knowledge.			
	2	I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.			
	3	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 also, that I am required to abide by all rules and regulations of the employer.			
	4	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.			
	5	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 relationship at any time, with or without cause or advance notice.			
	6	I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment.			
	7	Signature (Please sign - Do not type or print)	8	Date	

NOTE: A Resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

FOR PERSONNEL DEPARTMENT USE ONLY			
Position applied for is OPEN:	YES	NO	Position(s) considered for:
Application reviewed by:			Date:
Remarks:			
Arrange Interview:	YES	NO	If yes, Date: Time:
Interviewed by (List Participants):			
Employed:	YES	NO	Date of employment:
Position Title:	Department:		Starting Salary: