

CITY OF LUDLOW EMPLOYMENT APPLICATION

P.O. Box 16188 • 51 Elm Street • Ludlow, KY 41016

Phone: (859) 491-1233 • Fax: (859) 491-2966 • www.ludlow.org

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 J), then complete application in ink.							
		NAME - Last	First		Middle			
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Personal Information		PRESENT ADDRESS: St	treet City	State		Zip Code		
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		PERMANENT ADDRESS:	Street City	State		Zip Code		
	3	PHONE NUMBER:		EMAIL:			4	
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	_	\ /	oyment or been employed h		yes, give position	on(s) & date(s):		
	6	(-)						
		TYPE OF EMPLOYMENT DE	SIRED:		DATE AVAILA	ABLE FOR WORK:	ī	
В	1	FULL-TIME PART	T-TIME TEMPORARY	/SEASONAL 2	2			
Employment Interest		WHAT POSITION ARE YOU	SEEKING?	MINIMUM SALA	RY REQUIREM	ENT:		
	3			4				
	_		REQUIRES IT? (Please list any	*		yoff or subject to recall?		
nplo Inte	5		6 YES	NO	_			
ū	7	DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? If yes, List Name(s), Relationship(s), and Department 7 YES NO						
C		EDUCATION:	High School	College/Un	iversity	Graduate/Professional		
С		EDUCATION: NAME AND LOCATION	High School	College/Un	iversity	Graduate/Professional		
С	1	NAME AND LOCATION	High School	College/Un	iversity	Graduate/Professional		
С	1	NAME AND LOCATION OF SCHOOL	High School	College/Un	iversity	Graduate/Professional		
С		NAME AND LOCATION OF SCHOOL YEARS COMPLETED	High School 9 10 11 12	College/Un	iversity 3 4	Graduate/Professional		
С		NAME AND LOCATION OF SCHOOL YEARS COMPLETED (Please Circle Last Year)	-					
C	2	NAME AND LOCATION OF SCHOOL YEARS COMPLETED (Please Circle Last Year) DIPLOMA/DEGREE	-					
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		PREVIOUS EMPLOYMENT: Start with your <u>present or last job</u> and list all employment experiences.					
D	If any additional space is needed, please use an extra sheet of paper.						
	١.,	EMPLOYER:	DUTIES:	DATES EN			
	1			FROM	TO		
	Employer	ADDRESS:					
	m	JOB TITLE:	SUPERVISOR:	HOURLY RAT	ES/SALARY		
				STARTING	FINAL		
	Current	REASON FOR LEAVING OR WANTING TO	D LEAVE:				
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	Pre	REASON FOR LEAVING OR WANTING TO	J LEAVE:				
		I MAY WE CALL YOUR PRESENT EMPLOY					
	5	YES NO PHONE: (
		IF A LICENSE OR CERTIFICATE IS NEEDED T	O PERFORM THE WORK IN THE POSITION API	PLIED FOR. PLEA	SE COMPLETE		
Е	1	THE FOLLOWING:					
		Driver's License Number:	rofession License Number:				
tior							
era	2	INCLUDE AN EXPLANATION OF ANY GAPS IN	I EMPLOYMENT:				
Special Considerations		INCLUSE AN EXCENTION OF ANY OAT ON	LUI LOTMENT.				
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		GIVE THE NAME OF THREE REFERENCES. PLEASE DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.						
F	1	NAME RELATIONSHIP ADDRESS		PHONE NUMBER				
	-		ALE WIENER III ALE ALE CONTROL III ALE CONTROL					
References								
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G	1	1 INDICATE SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN:						
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Activities								
ĕ		CURRENT HOBBIES, INTERESTS, OR FAVORITE RECREATION:						
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		Branch of U.S. Military Service	·		l	Highest Rank Attained:		
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	1	Military Occupation Charielty	and/ar Major Dutica		2			
Military	•	Military Occupation Specialty and/or Major Duties:						
Milit	3							
_		Describe any job-related training you experienced in the military:						
	4							
	4	LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:						
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Comments								
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Please read before completing application.								
J	1	Loortify that the answers given						
•		I certify that the answers given herein are true and complete to the best of my knowledge.						
	_	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						
nts		in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.						
Acknowledgements	4	I understand that neither this document nor any verbal promises made by the employer or representative employee may be						
gp		constituted as an employment contract.						
wle	5	I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations,						
knc						s that either the employee or employer		
Ac		may terminate the relationship						
	6					plication must be signed and dated below before		
		I will receive consideration for e						
	7	Signature (Please sign - Do not	t 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	s):					
Employed:	YES	NO	Date of employment:			
Position Title:			Department:		Starting Salary:	