

Application For Employment

City of Somerset
 Attn: Human Resources
 306 East Mt. Vernon Street
 Somerset, KY 42501
 606-679-6366

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans status, sex, national origin, disability, or any other legally protected status.

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	
		Middle Name	
Address		Number	Street
			City
			State
		Zip Code	
Telephone Number(s)		Emergency Phone Number	
		Social Security Number	

Email Address: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No,
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it.? Yes No

Have you been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Elementary School					High School				College/University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

Do you have a driver's license? _____

If so, show State _____ Number _____

Office Applicants: Can you take Shorthand? _____ Are you a typist? _____

What office machines do you operate? _____

Employment Experience

Start with your present or last job. Include military *service* assignments and volunteer activities. Exclude volunteer activities which indicate race, age, religion, sex, national origin, ancestry, disability or *other* protected status.

(1) Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
(2) Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address,				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
(3) Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
(4) Employer	Telephone	Dates Employed		Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact _____

ATTACHMENT II

PRE-EMPLOYMENT TESTING NOTICE TO APPLICANTS
FOR NON-SAFETY AND SAFETY SENSITIVE POSITIONS

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE
IS NOT SIGNED AND DATED!

I am hereby acknowledging that I will be given pre-employment drug tests. I am aware that employees will not be hired without a clear negative test from the MRO.

Signed: _____
Name Date