

EMPLOYMENT APPLICATION

CITY OF BRANDENBURG
P O BOX 305, 737 HIGH STREET
BRANDENBURG KY 40108
PHONE 270-422-4981

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

Please read acknowledgements (page 4, section I), then complete application using typewriter or ink

PERSONAL INFORMATION

A	1	NAME ----- Last First Middle	Social Security Number
	2	PRESENT ADDRESS -- Street City	Phone Number ()
	3	PERMANENT ADDRESS -- Street City	Phone Number ()
	4	EMERGENCY PHONE ()	5 AGE (if under 18)
	6	Have you applied for employment or been employed here before? If yes, give position(s) and date(s).	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT INTEREST

B	1	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL	2	DATE AVAILABLE FOR WORK
	3	WHAT POSITION ARE YOU SEEKING?	4	MINIMUM SALARY REQUIREMENT
	6	CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions) <input type="checkbox"/> YES <input type="checkbox"/> NO	7	Are you on layoff or subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO
	8	DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? If yes, List Name(s), Relationship(s), and Department(s) <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATIONAL RECORD

C	EDUCATION	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
	1	NAME & LOCATION OF SCHOOL			
2	YEARS COMPLETED				
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 SKILLS(S) OR CERTIFICATE(S) ACHIEVED:				
10				11	

EMPLOYMENT EXPERIENCE

D PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences.

If additional space is needed, use an extra sheet of paper

1	EMPLOYER	DUTIES	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE		HOURLY RATES/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			
2	EMPLOYER	DUTIES	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE		HOURLY RATES/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			
3	EMPLOYER	DUTIES	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE		HOURLY RATES/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			
4	EMPLOYER	DUTIES	DATES EMPLOYED	
			FROM	TO
	ADDRESS			
	JOB TITLE		HOURLY RATES/SALARY	
	SUPERVISOR		STARTING	FINAL
	REASON FOR LEAVING OR WANTING TO LEAVE			

MAY WE CALL YOUR PRESENT EMPLOYER NOW? IF NO, WHEN MAY WE CALL?

5 YES NO PHONE: ()

SPECIAL CONSIDERATIONS

E	1	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:	
		Driver's License Number	
		Name of Trade or Profession License Number	
	2	LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:	

REFERENCES

F	1	GIVE THE NAME OF TWO REFERENCES, DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS			
		Name	Relationship	Address	Phone
					()
					()
		Name	Relationship	Address	Phone
					()
					()

ACTIVITIES

G	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, INTERESTES, OR FAVORITE RECREATION:

ADDITIONAL INFORMATION

H	1	BRANCH OF U.S. MILITARY SERVICE FROM (MO/YR) TO (MO/YR)	2	HIGHEST RANK ATTAINED
	3	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES		
		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, MONTH AND YEAR ACTIVE DUTY COMPLETED:		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
	5	ADDITIONAL COMMENTS:		

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

I	1	I certify that the answers given 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 investigations 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 employment 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 received 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	Position(s) considered for:
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Application review by:	Date:
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Remarks:

Arrange Interview: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Date:	Time:
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Interviewed by (List Participants):

Employed: <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Date of Employment:
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Position Title:	Department	Starting Salary

DEPARTMENT OF PERSONNEL

EEO DATA INFORMATION

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 must 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 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 _____ SOCIAL SECURITY _____

ADDRESS _____
STREET CITY STATE ZIP CODE

POSITION APPLIED FOR _____ DATE _____

IS POSITION VACANT: YES NO

METHOD OF RECRUITMENT (Please specify or give name of publication):

- A Newspaper _____
- B Professional Publication _____
- C Referral _____
- D Other _____

PLEASE MARK APPROPRIATE BOX:

Sex Male Female
Race Black White Hispanic
 American Indian/Alaskan Native Asian / Pacific Islander
Other Vietnam Era Veteran Disabled Veteran Individual with a Disability

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

AN EQUAL OPPORTUNITY EMPLOYER