

# City of Cynthiana

## Employment Application

All completed application forms must be returned to the Personnel Director at City Hall  
P.O. Box 67 – 104 East Pleasant Street – Cynthiana, KY 41031

### AN EQUAL OPPORTUNITY EMPLOYER

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 3, section K), then complete application, using typewriter or ink.

<b>A</b>	NAME	Last	First	Middle	Maiden	
<b>PERSONAL INFORMATION</b>	PRESENT ADDRESS	Street	City	State	Zip Code	Phone No.
	PERMANENT ADDRESS	Street	City	State	Zip Code	Phone No.
	EMERGENCY PHONE NO. (    )					
	Have you applied for employment or been employed with the City of Cynthiana before? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give position(s) and date(s).					

<b>B</b>	TYPE OF EMPLOYMENT DESIRED	DATE AVAILABLE FOR WORK
<b>EMPLOYMENT INTEREST</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal	
	WHAT POSITION ARE YOU SEEKING?	MINIMUM SALARY REQUIREMENT
	WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you on layoff you subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO
	CAN YOU TRAVEL IF THE JOB REQUIRES IT? (Please list any restrictions.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
	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	

<b>C</b>	EDUCATION:	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
<b>EDUCATIONAL RECORD</b>	NAME AND LOCATION OF SCHOOL				
	YEARS COMPLETED	5   6   7   8	9   10   11   12	1   2   3   4	1   2   3   4
	DIPLOMA/DEGREE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	YEAR RECEIVED				
	MAJOR FIELD OF STUDY				
	HONORS RECEIVED:				
	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:				

<b>D</b>	KEYBOARDING:
<b>SKILLS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO    WPM:
	COMPUTER SKILLS:  AREA(S) OF SPECIALIZED TRAINING:

**PLEASE INCLUDE A COPY OF YOUR DIPLOMA**

<b>F</b>	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.				
	<b>1</b>	EMPLOYER	JOB TITLE	DATES EMPLOYED	
CURRENT/PREVIOUS EMPLOYER		ADDRESS	DUTES	FROM	TO
	SUPERVISOR	HOURLY RATE/SALARY			
	SUPERVISOR PHONE NO. ( )	STARTING		FINAL	
	REASON FOR LEAVING OR WANTING TO LEAVE:				
	MAY WE CALL YOUR PRESENT EMPLOYER NOW? IF NO, WHEN MAY WE CALL?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>2</b>	EMPLOYER	JOB TITLE	DATES EMPLOYED		
	NEXT PREVIOUS EMPLOYER	ADDRESS	DUTES	FROM	TO
SUPERVISOR		HOURLY RATE/SALARY			
SUPERVISOR PHONE NO. ( )		STARTING		FINAL	
REASON FOR LEAVING:					

<b>3</b>	EMPLOYER	JOB TITLE	DATES EMPLOYED		
	NEXT PREVIOUS EMPLOYER	ADDRESS	DUTES	FROM	TO
SUPERVISOR		HOURLY RATE/SALARY			
SUPERVISOR PHONE NO. ( )		STARTING		FINAL	
REASON FOR LEAVING:					

<b>4</b>	EMPLOYER	JOB TITLE	DATES EMPLOYED		
	NEXT PREVIOUS EMPLOYER	ADDRESS	DUTES	FROM	TO
SUPERVISOR		HOURLY RATE/SALARY			
SUPERVISOR PHONE NO. ( )		STARTING		FINAL	
REASON FOR LEAVING:					

<b>F</b>	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:			
	SPECIAL CONSIDERATIONS	Driver's License Number		
		Name of Trade or Profession License Number		
LIST ANY SKILLS OR ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:				

<b>G</b> REFER- ENCES	GIVE THE NAME OF TWO REFERENCES. DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS.			
	Name	Relationship	Address	Phone No. (     )
				(     )

<b>H</b> ACTIVITIES	LIST OFFICES HELD IN SCHOOL, CIVIC CLUBS, OR BUSINESS ORGANIZATIONS. YOU MAY OMIT THOSE THAT INDICATE SEX, RACE, COLOR, RELIGION OR NATIONAL ORIGIN.			
	CURRENT HOBBIES, INTERESTS OR FAVORITE RECREATION:			

<b>I</b> MILITARY INFORMATION	BRANCH OF U.S. MILITARY SERVICE			
	FROM (MO/YEAR) TO (MO/YEAR)			
	HIGHEST RANK ATTAINED			
	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.			
	ARE YOU A VIETNAM ERA VETERAN? IF YES, MONTH AND YEAR ACTIVE DUTY COMPLETED. <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>J</b>	ADDITIONAL COMMENTS:			

<b>K</b> ACKNOWLEDGMENTS	<b>PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION</b>			
	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.			
	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.			
	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.			
	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 of the employing organization. This application must be signed and dated below before I will receive consideration for employment.			
	SIGNATUE (Please sign – Do not type or print)			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.**

# 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 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 \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET OR BOX 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 CHECK 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."

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