

# APPLICATION FOR EMPLOYMENT

Revised 04/15

## INSTRUCTIONS

PRINT IN INK OR TYPE

Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays. False answers may lead to rejection or dismissal.

## County of Grant, Kentucky

101 N. Main Street  
Williamstown, KY 41097  
Phone: (859-823-7561)  
Fax: (859-428-4567)

POSITION(S) FOR WHICH YOU ARE APPLYING:

An Equal Opportunity Employer M/F/D

Social Security No.       Home Phone No. (  ) Today's Date

Date of Birth  Work Phone No. (  ) Salary Required  \$

1.  Last Name  First Name  Middle Name  Other Name (if any)

2. Address  Street or Box No.  City  State  Zip Code  County

E-mail Address if available

3. Are you over the age of 18 years?  Yes  No *If no, you may be required to provide authorization to work.*

4. Are you legally eligible to be employed in the United States?  Yes  No *Proof of identity and eligibility will be required upon employment.*

5.  Yes  No Do you have a valid driver's license if required by the position for which you are applying? License #

6.  Yes  No Has your driver's license been revoked or suspended? If yes, please indicate period of suspension and reason.

7.  Yes  No Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. All applicants shall have a criminal records/background check.

8. If you are a male between the ages of 18 and 26, have you registered under the Section 3(a) Military Selective Service Act of 1948?

Yes  No

9. Date available for work:  10. Type of Work  Full-Time  Part-Time  Temporary

11. **EDUCATION/TRAINING:** Complete accurately and circle highest grade or year completed at all levels of school below. Provide copies of following, if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

Can you type?  Yes  No Words per minute:  Education completed: GED  Yes  No Year

Grade School  Yes  No Middle 6, 7, 8 High School 9, 10, 11, 12 College 1, 2, 3, 4 Graduate School 1, 2, 3, 4

School	Name and Address of School	Dates Attended		Graduation Date	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School				mo/yr					Diploma: <input type="text"/> Yes <input type="text"/> No
Under Graduate College or University		mo/yr	mo/yr	mo/yr					Degree:
Graduate College or University		mo/yr	mo/yr	mo/yr					Degree:
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr					Certificate:
Apprenticeship	Type: <input type="text"/>	mo/yr	mo/yr	Length of Program: 1 2 3 4 5	Journeyman: <input type="text"/> Yes <input type="text"/> No			Must provide certificate	

\*\*Please indicate if college hours are semester or quarter **OR** \*\*\*indicate number of vocational/technical school clock hours.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**12. EMPLOYMENT HISTORY:** Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time **first**. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

\*\*\*\*\*

May we contact your present employer?  Yes  No  If no, explain \_\_\_\_\_

A	Mo.	Day	Yr.	Mo.	Day	Yr.	Job Duties:
Employed From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Position				Gr.			
Average hours worked per week	<input type="text"/>	<input type="text"/>	Starting Salary				
Reason for leaving				Last Salary			
Name of Employer							1.
Address							2.
Type of Business							3.
Name & title of your supervisor				Phone:			
From	Mo.	Yr.	To	Mo.	Yr.	Number Supervised	4.
I was a supervisor	<input type="text"/>		5.				
							6.
							7.
							8.

B	Mo.	Day	Yr.	Mo.	Day	Yr.	Job Duties:
Employed From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Position				Gr.			
Average hours worked per week	<input type="text"/>	<input type="text"/>	Starting Salary				
Reason for leaving				Last Salary			
Name of Employer							
Address							
Type of Business							
Name & title of your supervisor				Phone:			
From	Mo.	Yr.	To	Mo.	Yr.	Number Supervised	1.
I was a supervisor	<input type="text"/>		2.				
							3.
							4.
							5.
							6.
							7.
							8.

C	Mo.	Day	Yr.	Mo.	Day	Yr.	Job Duties:
Employed From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Position				Gr.			
Average hours worked per week	<input type="text"/>	<input type="text"/>	Starting Salary				
Reason for leaving				Last Salary			
Name of Employer							
Address							
Type of Business							
Name & title of your supervisor				Phone:			
From	Mo.	Yr.	To	Mo.	Yr.	Number Supervised	1.
I was a supervisor	<input type="text"/>		2.				
							3.
							4.
							5.
							6.
							7.
							8.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

D.	Mo.	Day	Yr.	Mo.	Day	Yr.	Job Duties:
Employed From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Position				Gr.			
Average hours worked per week	<input type="text"/>	<input type="text"/>	Starting Salary				
Reason for leaving							
Name of Employer							
Address							
Type of Business							
Name & title of your supervisor							
	Phone: _____						
	From		To	Number			
	Mo.	Yr.	Mo.	Yr.	Supervised		
I was a supervisor	<input type="text"/>						

E	Mo.	Day	Yr.	Mo.	Day	Yr.	Job Duties:
Employed From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Position				Gr.			
Average hours worked per week	<input type="text"/>	<input type="text"/>	Starting Salary				
Reason for leaving							
Name of Employer							
Address							
Type of Business							
Name & title of your supervisor							
	Phone: _____						
	From		To	Number			
	Mo.	Yr.	Mo.	Yr.	Supervised		
I was a supervisor	<input type="text"/>						

F.	Mo.	Day	Yr.	Mo.	Day	Yr.	Job Duties:
Employed From	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Position				Gr.			
Average hours worked per week	<input type="text"/>	<input type="text"/>	Starting Salary				
Reason for leaving							
Name of Employer							
Address							
Type of Business							
Name & title of your supervisor							
	Phone: _____						
	From		To	Number			
	Mo.	Yr.	Mo.	Yr.	Supervised		
I was a supervisor	<input type="text"/>						

NOTE: Additional employment history sheets available upon request.

**13. LICENSES OR CERTIFICATES:** If required for the position you must provide a copy or verification of the license or certificate.

Yes  No I hold a current license or certification as indicated below and understand if hired, I must maintain a current license or certification or be subject to dismissal.

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

**14. PROFESSIONAL ORGANIZATIONS:** Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

**15. CHARACTER REFERENCES:** Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER

**- IMPORTANT - THIS SECTION MUST BE COMPLETED -**

**16. SIGNATURE** - Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I will be dismissed. I hereby authorize representatives of the Grant County Fiscal Court Kentucky to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Grant County Fiscal Court to receive my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that Grant County Fiscal Court is a drug free workplace.

Signature \_\_\_\_\_ Date \_\_\_\_\_