



# BARDSTOWN

## APPLICATION FOR EMPLOYMENT

Please return to: Human Resources Dept., 220 North 5<sup>th</sup> Street, Bardstown KY 40004

Please read inserted acknowledgements then complete the application in your own handwriting, using ink

**OUR MISSION** – The City of Bardstown provides quality, affordable services that ensure the health, safety and well-being of citizens, while collaborating throughout the community to ensure its economic, social and environmental vitality.

### Personal Information

Name Last:		First		Middle
Current Address	No:	Street:		Tel.
	City:	State:	Zip Code:	E-mail

### Employment Interest

What position are you seeking?	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
Minimum Salary Requirement:	Does anyone in you immediate family work here? If yes list name(s) and department(s):
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work?

### Education

Education	Elementary	High	College/University	Graduate Profession
Name and Location of School				
Years Completed <input checked="" type="checkbox"/>	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<u>Diploma / Degree</u> Year Received				
Major / Field of Study				

Areas of Specialized Training:

Computer Skills:

Vocational or Technical School Attended:

Special Skill(s) or Certificate(s) Achieved:

Typing:  Yes    No   WPM:

May We Call Your Present Employer? If No When May We Call

Yes    No   Phone: (        )

## Work Experience

Describe all work experience starting with **most recent**. **Must be completed in full.**

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer	Duties	<u>Dates Employed</u> From / To	
Address:			
Job Title:		<u>Hourly Rates/Salary</u> <u>Starting/Final</u>	
Supervisor:			
Reason For Leaving			
May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No			

If a license or certification is needed to perform the work in the applied for position, please complete the following:

Driver's License Number:

Professional License Number:

Highlight skills relevant to the position sought:

Have you ever been convicted of an offense against the law or forfeited a bond? Please include ALL traffic violations. (Convictions may include, but are not limited to speeding tickets, motor vehicle moving violations and misdemeanors.)

Yes  No If Yes, explain:

*Disclaimer:* A "Yes" answer above does not automatically disqualify you from employment, since the nature of the offense and the job for which you are applying will also be considered.

### References – Activities – Military Service

Give the name of two references. Do not include relatives or previous employers.

Name	Relationship	Address	Phone#
1.			
2.			

List offices held in school, civic clubs, or business organizations. You may omit those that indicate race, color, religion, or national origin.

1.
2.
3.

Current volunteer positions, interests, or hobbies.

### For Veterans Only

Branch of U.S. Military Service from (Mo/Year) to (Mo/Year)

Highest Rank Attained:

Military Occupation Specialty and/or Major Duties

**Summary**

Please read carefully, initial each paragraph and sign below.  
This application will remain current for a period of six (6) months.

\_\_\_\_\_ I certify that the answers given are true and complete to the best of my knowledge.

\_\_\_\_\_ I authorize investigation of all statements contained in the employment application and additional job-related background investigations that 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 dismissal. I understand, also, that I am required to abide by all rules and regulation of the employer.

\_\_\_\_\_ I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as a 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 City of Bardstown. This application must be signed and dated below before receiving consideration for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**In order to be considered for a position with the City of Bardstown, you must fill out all sections of this application**

**FOR CITY OF BARDSTOWN PERSONNEL USE ONLY**

Applied for is OPEN  Yes  No

Position Considered For:

Date:

Application Reviewed By:

Interview  Yes  No If Yes, Date:

Time:

Hired  Yes  No

Date of Employment:

Title:

Department:

City of Bardstown

DEPARTMENT OF PERSONNEL  
EEO DATA INFORMATION

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

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 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. \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
Street, Route 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. Website \_\_\_\_\_
- E. Other \_\_\_\_\_

PLEASE CHECK (✓) APPROPRIATE BOX

Sex:  Male  Female

Race:  Black  White  Asian  Native Hawaiian / Pacific Islander  
 American Indian / Alaska Native  Hispanic / Latino  Two or More Races

Other:  Veteran  Disabled Veteran  Individual with a Disability

AN EQUAL OPPORTUNITY EMPLOYER

