City of Olive Hill APPLICATION FOR EMPLOYMENT

We do not discriminate based on race, color, religion, national origin, sex, pregnancy, childbirth, pregnancy/childbirth related medical conditions age, or disability or any other protected class. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process, contact City Hall at 606-286-5532.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.							
Job Applied for				Today's Da	te		
Are you seeking: Full-time \square	Part-time	Temp	porary \square	employment?			
When are you available to start work	?						
Last Name	First Name	Middle Name Telephone Nur		hone Number			
Present Street Address		City		State	Zip Code		
Are you 18 years of age or older? (If you are hired, you ma	ny be required to subm	nit proof of a	Yes □ age.)	No 🗆			
Have you ever applied here before?	Yes 🗆	No 🗆	If yes, when?				
Were you ever employed here?	Yes 🗆	No 🗆	If yes, when?				
Are you now or do you expect to be	engaged in any other	business or o	employment?	Yes 🗆	No 🗆		
If yes, please explain							
For Driving Jobs Only : Do you have	e a valid driver's licen	se?		Yes 🗆	No 🗆		
Driver's License Number		C	lass of License _				
Have you had your driver	's license suspended o	r revoked in	the last three ye	ears? Yes \square	No 🗆		
If yes, give details							

EDUC	CATION		
List Name and Address of Schools High School or GED:		Number of Years Completed	Diploma/ Degree / Certificate
College or University:			
Vocational or Technical:			
SPECIA	L SKILLS		
What skills or additional training do you have that are rela	ted to the job for which y	ou are applying?	
What machines or equipment can you operate that are rela	ted to the job for which y	ou are applying?	
List professional, certifications and expiration date.			
WORK List names of employers in consecutive order with presincluding military service and periods of unemployment references. PLEASE GIVE MONTH AND YEAR.			
Name of Employer:	Supervisor:		
Address:	Employed: From (mo./yr.)	/ To (n	no./yr.)
City, State, Zip Code:			
Title:	Reason for Leaving:		
Duties:			
Name of Employer:	Supervisor:		
Address:	Employed: From (mo./yr.)	/ To (n	10./vr.)
City, State, Zip Code:	110111 (111011)	, 10 (1	
Title:	Reason for Leaving:		
Duties:			

REFERENCES		
Have you worked or attended school under any other names?	Yes	No \square
If yes, give names:		
Are you presently employed?	Yes \square	No \square
If yes, whom do you suggest we contact?		
Have you ever been fired or asked to resign?	Yes 🗆	No 🗆
If yes, please explain:		
Give three references, not relatives or former employers.		
Name Address	Address Phone	
AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE		
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 background investigation as may be necessary in arriving at an employment decision.		nted
In the event of employment, I understand that false or misleading information given in may result in discharge. I understand, also, that I am required to abide by all rules and result in the event of employment, I understand, also, that I am required to abide by all rules and results are the event of employment.		
I understand that neither this document nor any verbal promises made by the employer of be constituted as an employment contract.	or representative en	mployee may
I understand and acknowledge that, unless otherwise defined by law, policies and pregulations, any employment relationship with the City is of an "at-will" nature, we employee may terminate the employment relationship at any time, with or without	hich means that o	either the
I understand that before beginning employment I must pass a preemployment drug test for the position.	and any other app	licable testing
I understand that this application is the property of the employing City. This application below before I will receive consideration for employment.	n must be signed a	nd dated
I have read, understand, and by my signature consent to these statements.		
Signature: Date:		

This application for employment will remain active for a limited time. Ask the City representative for details.