

INSTRUCTIONS
PRINT IN BLACK INK OR TYPE. Answer each item completely and accurately. Incomplete answers may disqualify you for employment or cause delays in processing your application.
 False answers may lead to dismissal. (01/2010)

APPLICATION FOR EMPLOYMENT
City of Frankfort, Kentucky
315 W. Second Street, P.O. Box 697
Frankfort, Kentucky 40602-0697
www.frankfort.ky.gov
Phone (502) 875-8500
Fax (502) 875-8502
 AN EQUAL OPPORTUNITY EMPLOYER M/F/D

POSITION OR DEPT. DESIRED

Social Security No.

--	--	--	--	--	--	--	--	--

 Home Phone _____ Today's Date _____
 Work/Cell Phone _____ Salary Required _____

1. _____
 Last Name First Name Middle Name Other Name (if any)
2. Address _____
 Street or Box No. City State Zip Code Email Address
3. Are you authorized to work in the U.S.? Yes No
4. Yes No Have you ever been employed in a position covered by KY Retirement System? If yes, when? _____
5. Yes No Are you now, or have you ever been employed by the City of Frankfort? If previously, when? _____
6. Yes No Do you have a valid driver's license, if required by the position for which you are applying? License Number _____
7. Yes No Do you have a valid commercial driver's license (CDL) license, if required by the position for which you are applying?
 If yes, what class? _____ What endorsement? _____
8. Yes No Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason _____
9. Yes No Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, please list conviction(s), date(s), and places(s).

NOTE: Conviction of a crime is not an automatic rejection of the application. The specific situation will be reviewed under KRS 335B.020.

10. Date available for work _____ Shift availability: Day Evening Night Weekend Rotating
11. Type of work desired: Full-Time Part-Time Seasonal Summer

12. EDUCATION AND TRAINING: Please complete thoroughly and accurately and then provide copies of the following, if requested:
 (1) GED certificate; (2) high school diploma or transcript; (3) vocational/technical school transcript; or (4) college transcript which contains an official seal and Registrar's signature.

Please indicate education completed. Grade School High School College Graduate School

Have you passed a G.E.D. Test? Yes No

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School				Mo/yr					Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>
College or University		Mo/yr	Mo/yr	Mo/yr					Degree:
College or University		Mo/yr	Mo/yr	Mo/yr					Degree
Vocational, Business, Technical		Mo/yr	Mo/yr	Mo/yr					Certificate:

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

13. **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. If you changed positions within the same organization and your duties changed significantly, describe **each** job in a separate block. Include Military work experience in this section. **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 may receive partial or no credit for this job.

NOTE: A resume may be attached for the Job Duties information only. All other Employment History items must be completed on the application.

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

<p>A.</p> <p>Employed from <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Day</td><td style="width: 20px;">Yr.</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> to <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Day</td><td style="width: 20px;">Yr.</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p>Average hours per week <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> Last Salary _____</p> <p>Reason for Leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p>_____</p> <p>Phone: _____</p> <p>I was a Supervisor <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">From</td><td style="width: 20px;">To</td></tr><tr><td style="width: 20px;">Mo</td><td style="width: 20px;">Yr</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo</td><td style="width: 20px;">Yr</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> Number Supervised _____</p>	Mo.	Day	Yr.				Mo.	Day	Yr.						From	To	Mo	Yr			Mo	Yr			<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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NAME: _____ SSN: _____ DATE: _____

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NOTE: Please use additional copies of page 2 if more space is needed.

14. **LICENSES OR CERTIFICATES:** Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. You must provide a copy or verification of the license/certificate.

Name of License or Certification	Original Lic. Issue Date	Current Lic. Expiration Date	Name and Address of Licensing Agency

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

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES
1. _____		
2. _____		
3. _____		

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

NAME	ADDRESS	PHONE NUMBER
1. _____		
2. _____		
3. _____		

NAME: _____ SSN: _____ DATE: _____

17. Have you been in the military service? Yes No

BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	HIGHEST RANK ATTAINED
MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

18. Yes No Are you related to any current employees of the City of Frankfort? If yes, please list any employees you are related to and how you are related (i.e, brother, mother, grandparent, etc.).

COMPLETION OF SECTION 19 IS VOLUNTARY

19. Information in this block is for statistical purposes and will be used only for purposes of compliance with Equal Employment Opportunity requirements.					
GENDER			RACE		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/> a. White	<input type="checkbox"/> c. Hispanic	<input type="checkbox"/> e. American Indian or Alaskan Native	
		<input type="checkbox"/> b. Black	<input type="checkbox"/> d. Asian or Pacific Islander	<input type="checkbox"/> f. Other	

~IMPORTANT ~ THIS SECTION MUST BE COMPLETED~

20. **SIGNATURE** – 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 any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future employment. I hereby authorize the City of Frankfort to make all necessary investigations concerning my work habits, character, or my action in any transaction. I authorize the Human Resources Department to receive and make available to other employers 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 the application. I understand and agree that I may be required to ratify the information contained in this application by signature as a condition of employment. I also understand that city government is a drug free workplace and that substance abuse testing is required for certain classifications.

Date _____ Signature X _____

The City of Frankfort does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided by the Human Resources Department upon request.