

CITY OF MOREHEAD
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, 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) 784-8505.

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 Date _____

Are you seeking: Full-time Part-time Temporary employment?

When are you available to start work? _____

| | | | |
|--|------------------------------|-----------------------------|------------------|
| Last Name | First Name | Middle Name | Telephone Number |
| | | | |
| Present Street Address | City | State | Zip Code |
| | | | |
| Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

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 employment? Yes No

If yes, please explain _____

For Driving Jobs **Only**: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details _____

| EDUCATION | | |
|---|---------------------------------|-------------------------------------|
| List Name and Address of Schools High School or GED: _____ _____ _____ | Number of Years Completed | Diploma/ Degree / Certificate |
| College or University: _____ _____ Subjects Studied: _____ _____ | | |
| Vocational or Technical: _____ _____ Subjects Studied: _____ _____ | | |

| SPECIAL SKILLS |
|---|
| What skills or additional training do you have that are related to the job for which you are applying? _____ _____ |
| What machines or equipment can you operate that are related to the job for which you are applying? _____ _____ |
| List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) _____ _____ _____ _____ _____ _____ |

MILITARY RECORD

Branch of U.S. Military Service from (month/year) to (month/year): _____

Highest Rank Attained: _____

Military Occupation Specialty and/or Major Duties: _____

Honors or Awards: _____

WORK HISTORY

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

| | |
|------------------------|--|
| Name of Employer: | Supervisor: |
| Address: | Employed: From (mo/yr) / To (mo/yr) |
| City, State, Zip Code: | |
| Title: | Reason for Leaving: |
| Duties: | |
| Name of Employer: | Supervisor: |
| Address: | Employed: From (mo/yr) / To (mo/yr) |
| City, State, Zip Code: | |
| Title: | Reason for Leaving: |
| Duties: | |
| Name of Employer: | Supervisor: |
| Address: | Employed: From (mo/yr) / To (mo/yr) |
| City, State, Zip Code: | |
| Title: | Reason for Leaving: |
| Duties: | |

| | |
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| Duties: | |

| | |
|------------------------|--|
| Name of Employer: | Supervisor: |
| Address: | Employed: From (mo/yr) / To (mo/yr) |
| City, State, Zip Code: | |
| Title: | Reason for Leaving: |
| Duties: | |

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

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 | Phone |
|------|---------|-------|
| | | |
| | | |
| | | |

AFFIDAVIT
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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 the City is of an "at-will" nature, which means that either the employee may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that before beginning employment I must pass a preemployment drug test and any other applicable testing for the position.

I understand that this application is the property of the employing City. This application must be signed and dated below before I will receive consideration for employment.

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.