



APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

The city of Elkton does not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth, pregnancy/childbirth related medical conditions, age, 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 270-265-9877.

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 Seasonal employment?

When are you available to start work? _____ Desired Salary _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

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 _____

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 and 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: _____ _____	
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: _____ _____	

REFERENCES	
Have you worked or attended school under any other names?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give names: _____	
Are you presently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, whom do you suggest we contact? _____	
Have you ever been fired or asked to resign?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____	

Give three references, not relatives or former employers.

Full Name	Relationship	Address	Phone No.

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.