

**APPLICATION
FOR
EMPLOYMENT**



**MCCRACKEN COUNTY
300 S. 7TH STREET
PADUCAH, KY 42003**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Initial
Address:	City	State
		Zip Code
Phone Number(s)	Email Address	

Have you filed an application with us before? Yes No If Yes, give date

Have you ever been employed with us before? Yes No If Yes, give date

Are you currently employed? Yes No

May we contact your present employer Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EMPLOYMENT EXPERIENCE

Were you in the U.S. Armed Forces? Yes ___ N ___ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____ Type discharge _____

List duties in the service _____

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment.

Name of Employer: _____

Name of Supervisor _____

Telephone Number: _____

Address: _____

Length of Employment (include dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Yes or [] No

Name of Employer: _____

Name of Supervisor _____

Telephone Number: _____

Address: _____

Length of Employment (include dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Yes or [] No

EMPLOYMENT EXPERIENCE CONTINUED

Name of Employer: _____

Name of Supervisor _____

Telephone Number: _____

Address: _____

Length of Employment (include dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Yes or [] No

Name of Employer: _____

Name of Supervisor _____

Telephone Number: _____

Address: _____

Length of Employment (include dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references [] Yes or [] No

Please use separate sheet if you need additional space.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

ADDITIONAL INFORMATION

Check skills or equipment operated

___ Fax	___ MS Office	Mobile Machinery
___ PC	___ Excel	
___ Calculator	___ Windows	Other

REFERENCES

1. Name _____

Address/City/State _____

Phone Number _____

2. Name _____

Address/City/State _____

Phone Number _____

3. Name _____

Address/City/State _____

Phone Number _____

Please list any friends or relatives working for McCracken County

