



Administration Application for Employment

"An Equal Opportunity Employer"

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors. Any applicant who needs ADA accommodation in the employment selection process shall request accommodation from the City Clerk – 859.635.4125.

City of Alexandria 8236 W. Main St. Alexandria, KY. 41001 (859) 635-4125				
<i>(Please Print Plainly)</i>				
PERSONAL			Date: _____	
_____	_____	_____	_____	
(Last Name)	(First Name)	(Middle Name)		
_____	_____	_____	_____	_____
Present Address	City	County	State	Zip Code
_____			_____	
Home Phone Number			Business or Alternate Phone Number	

Email				

How long have you lived at your present address? Yrs. _____ Mos. _____

Are you legally eligible for employment in the US? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Social Security Number: _____ - _____ - _____

What position are you applying for? _____

a) Full time _____ b) Part time _____ (specify days and hours) _____

If hired, when can you start? _____

ARE THERE ANY OTHER EXPERIENCES, SKILL, OR QUALIFICATIONS THAT WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING?

(Applicant should not list information that federal and/or state law precludes obtaining in the pre-employment stage.)

EDUCATION

Elementary:

Name of Elementary School: _____

Address: _____

High School:

Name of High School: _____

Address: _____

Grade Completed: _____ Diploma/Degree: _____

Did you have any specific course of study? (i.e. College Prep./Business/Etc.): _____

If yes, which one? _____

College:

Name of College or University: _____

Address: _____

Grade Completed: _____ Diploma/Degree: _____

Major: _____ Minor: _____



Describe any specialized training, apprenticeship, skills and extra-curricular activity:

Describe any honors you have received _____

Please list any additional schooling you may have had: _____

REFERENCES (Please Exclude Relatives)

Name & Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

Name & Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

Name & Occupation: _____

Address: _____

Phone Number: _____ Years Known: _____

PLEASE READ & SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment, while on probationary status, is at will and can be terminated by either party with or without notice at any time or for any reason. No one other than the Mayor of the City of Alexandria has the authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the Mayor. You are hereby authorized to make any investigation of my personal history, financial history and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the scope of any such investigative report that is made.

I understand that any false statements or omissions of information in this application will be sufficient cause for discharge of employment.

Date _____ Signature of Applicant _____

EMPLOYMENT HISTORY

Employer: _____ Phone Number: _____

Address: _____

Date Employed: From: _____ To: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Employer: _____ Phone Number: _____

Address: _____

Date Employed: From: _____ To: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

Employer: _____ Phone Number: _____

Address: _____

Date Employed: From: _____ To: _____

Job Title: _____ Supervisor: _____

Reason for leaving: _____

(If you need additional space, continue on a separate sheet of paper.)

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I hereby give permission to contact the employers listed above concerning my prior work experience.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact please indicate which one(s), and why.

\_\_\_\_\_

**TO BE COMPLETED BY ALL APPLICANTS**

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HAVE YOU EVER BEEN BONDED? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes On What Job(s)? \_\_\_\_\_

HAVE YOU EVER BEEN CHARGED AND/OR CONVICTED OF A CRIME, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY THE COURT? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Explain \_\_\_\_\_

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FOR APPLICANTS APPLYING FOR A POSITION WHICH INVOLVES DRIVING CITY OWNED VEHICLES OR EQUIPMENT, LIST THE ISSUING STATE AND NUMBER OF YOUR DRIVERS LICENSE:

State \_\_\_\_\_ License No. \_\_\_\_\_

**End of Application**

*"This space left blank intentionally"*