

## **Employment Application**

## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth, pregnancy/childbirth related medical conditions, 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 502-722-8110.

Applicant Information									
Full Name:					Date:				
Address:	Last	First			M.I.				
Address.	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Phone:	Email:								
Position Applie	d for:				Date Available:				
Have you ever worked for this city?		YES NO	If yes	s, when?					
_		Educa	tion						
High School:									
riigii ochool.		Did you receive a		NO					
From:	To:	diploma?							
College:		Address:_							
From:	To:	Did you graduate?	YES	NO	Degree:				
Other:		Address	s:						
From:	To:		YES	NO					
		Professional Reference	es (plea	se list thr	ee)				
Full Name:					Relationship:				
Employer:					Phone:				
Address:									
Full Name:					Relationship:				
Employer:					Phone:				
Address:									
Full Name:					Relationship:				
Employer:					Phone:				
Address:	-								

Previous Employment									
Employer:				Phone:					
Address:				Supervisor:					
Job Title:									
Responsibilities:									
From:	To:	Reason for Leaving:							
May we contact you	ur previous supervisor for a reference?	YES	NO 🗆						
Employer:				Phone:					
Address:									
Job Title:									
Responsibilities:									
From:	To:	Reasor	n for Leaving:						
May we contact you	ur previous supervisor for a reference?	YES	NO						
Employer:				Phone:					
Address:									
Job Title:				Supervisor.					
Responsibilities:									
From:	To:	Reasor	n for Leaving:						
May we contact you	ur previous supervisor for a reference?	YES	NO						
	Military S	Service (Police Only	<b>/</b> )						
Branch:			_ From:		To:				
Rank at Discharge:		Туре	of Discharge:						
If other than honora	able, explain:								
	Disclair	mer and Signature							
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 employer or 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 pre-employment 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.									
I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.									
If this application leads to employment, I understand that false or misleading information given in my application or interview(s) may result in my release.									
Signature:				Date:					