

CITY OF SHEPHERDSVILLE

P. O. BOX 400  
170 FRANK E. SIMON AVENUE  
SHEPHERDSVILLE, KY 40165

Employment Application

Date of Application:	Position Applied for:	Salary Expectations:
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Personal Information

Full Name		Social Security Number		
Address (Number and Street)				
City	State		Zip	
Home Phone	Business Phone		Other Phone	
Previous Address (Number and Street)				
City	County	State	Zip Code	Number of years at this address

If applying for Police Officer position, are you at least 21 years of age?  Yes  No

For other positions, are you at least 18 years of age?  Yes  No

Have you ever been subject to an Emergency Protective Order or a Domestic Violence Order?  Yes  No

Have you ever been charged with a crime or traffic violation? (Note: This includes a DUI.)  Yes  No

If yes, what is the disposition? If still pending, so state.

If yes or unsure, describe in detail. (Not all convictions will bar employment. Each case will be reviewed on its own merit.)

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Do you have any relatives now employed with the City of Shepherdsville?  Yes  No

If yes, please provide the following:

Name of Relative	Relationship
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Have you ever applied to or worked for the City of Shepherdsville?  Yes  No If yes, please explain:

Preferred work location(s): \_\_\_\_\_

If hired, on what date would you be available to start work? \_\_\_\_\_

What position status are you seeking?  Full-time  Part-time  Temporary

Equal Employment Opportunity Employer

## Skills and Education

High School/GED:	Name	City/State	Degree Obtained	No. Years Attended
College:	Name		City/State	
	Major/Minor	Degree Obtained		No. Years Attended
Post Graduate:	Name		City State	
	Major/Minor	Degree Obtained		No. Years Attended
Other:	Name		City State	
	Major/Minor	Degree Obtained		No. Years Attended

Licenses/Professional Designations/Certifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any areas of specialization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any other information you feel is pertinent to your ability to perform the job for which you are applying, including experience or skills obtained in the U.S. Military Service, foreign language fluency, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How were you referred to the City of Shepherdsville?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Temporary Service
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Internet	<input type="checkbox"/> Other Source
<input type="checkbox"/> College Recruiting	<input type="checkbox"/> Job Fair	(please specify)
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> State Job Service	_____

## Employment History

Please complete entire section, listing your employment history for at least the last **5 years**, even if you have submitted your resume. Start with your current or most recent position and include any temporary or part-time jobs. Please continue on a separate sheet of paper if necessary.

Name & Address of Employer	
Telephone Number	Dates of Employment
Name & Title of Supervisor	Title of Your Position
Brief Description of Your Duties:	
Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:

Name & Address of Employer	
Telephone Number	Dates of Employment
Name & Title of Supervisor	Title of Your Position
Brief Description of Your Duties:	
Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:

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Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
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Name & Title of Supervisor	Title of Your Position
Brief Description of Your Duties:	
Starting Salary: Bonus or Incentive Opportunity:	Ending Salary: Bonus or Incentive Opportunity:
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain	Reason for leaving:

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## References

Please provide the name, address and phone number of three professional references who are not related to you and are previous supervisors:

Name	Address	Phone Number
1.		
2.		
3.		

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## General Terms and Conditions 1986 Immigration Reform and Control Act

The City of Shepherdsville takes seriously its responsibility under the Immigration Reform and Control Act of 1986 to hire only persons authorized to work in the United States. As a condition of employment, I understand that I will be required to furnish proof of my identity and authority to work in the U.S. as required by law.

Do you have the legal right to work in the U.S.?

Yes     No    *(Do not attach any documentation at this time)*

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Signature of Applicant

Date

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## Applicant's Certification and Release of Liability

I hereby certify that the information I have provided on this application and its attachments is true and correct to the best of my knowledge and that no attempt has been made by me to conceal any pertinent information. I understand that any material error or omission of information may constitute grounds for denial of employment or subject me to termination at any time during my employment.

Unless otherwise noted on this application, I authorize my previous employers, references, and other persons or institutions noted on this application to provide the City of Shepherdsville with any information they may have regarding me, including but not limited to employment history, including salary information. I further authorize the City of Shepherdsville to perform any background check necessary including any criminal and/or credit history. I agree to release and hold harmless all persons supplying the information to the City of Shepherdsville and its agents and employees, for any and all liabilities arising out of their investigation of my application for employment.

I understand that my application is being considered only for the specific position for which I have applied, and that my application will remain active for no more than sixty (60) days. If I am not hired for this position and subsequently become interested in any future job opportunities that may become available, I will need to reapply.

I further agree that if hired, I will be required to comply with all policies, rules and regulations of the City of Shepherdsville. I understand that the benefits, rules, policies and regulations of the City of Shepherdsville may be changed, modified, deleted or added to by it at any time at its sole option and without prior notice.

I understand that if I become a final applicant, additional screening prior to hire may include a criminal background check, drug test, motor vehicle or driving record check, verification of social security number or education, and/or credit check. I hereby consent to these screens and understand that if the City of Shepherdsville withholds an offer of employment from me based solely upon information provided by any of these checks, that I will be provided with that information, the name, address and telephone number of the company providing such background information and an opportunity to correct such information if it is inaccurate.

I acknowledge and agree that if hired, my employment is at will. My employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City of Shepherdsville or me. Furthermore, no oral or written representations made, regardless of who makes them, shall be effective to modify these terms and conditions so as to create any agreement of employment, either expressed or implied. I agree that I am not guaranteed any term of employment for any specified period of time or contrary to the terms and conditions stated herein.

A photocopy of this authorization shall have full force and effect of the original.

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Signature of Applicant

Date