

City of Williamsburg

423 Main Street

P.O. Box 119

Williamsburg, KY 40769

(606) 549-6033



Application For Employment

We consider applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Please keep in mind that this is a drug free workplace and all applicants are subject to a background check.

(PLEASE PRINT LEGIBLY)

Position(s) Applied For	Date of Application	
How Did You Learn About Us? (Please circle one)		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Please circle Yes or No to the following questions.

If you are under 18 years of age, can you provide

required proof of eligibility to work? Yes No

Have you ever filled out an application 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 to work? _____

Are you available to work 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 it?

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 _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				

Indicate any foreign languages you can speak, read and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military job assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
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Job Title	Starting	Final	
Supervisor			
Reason for Leaving			

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

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

List professional, trade, business or civic activities and offices held.

Specialized Skills: Circle Skills/Equipment Operated

Microsoft Programs

Fax

Calculator

Quick Books

Typewriter

Any other skills: _____

PC

State any additional information you feel maybe helpful when considering your application.

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIRMENTS OF THE JOB IN WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

_____YES _____NO

References

1. _____ (_____) _____
(Name) Phone #

Address

2. _____ (_____) _____
(Name) Phone #

Address

3. _____ (_____) _____
(Name) Phone #

Address

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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview (circle) Yes No

Remarks

_____ **Interviewer** **Date**

Employed Yes No

Date of Employment _____ **Employed By**

Job Title _____ **Department** _____