

CITY OF ELIZABETHTOWN EMPLOYMENT APPLICATION



Signed Release of Information _____

THIS APPLICATION WILL BE HELD FOR 1 YEAR

DATE _____

Applicant Complete Both Sides -- Please Print

NAME: (Last) _____ (First) _____ (Middle) _____ PRESENT ADDRESS: _____ (Number & Street) _____ (City) _____ (State) _____ (Zip) How long at present address? _____		Phone number where you can be reached: _____ Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not a U.S. Citizen, do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ Field of Service: _____		Honorable Discharge <input type="checkbox"/> Yes <input type="checkbox"/> No What type of work do you want? Department or Job Title: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
<p style="text-align: center;">NOTICE</p> <p>HIGH SCHOOL OR GED, COLLEGE AND/OR VOCATIONAL SCHOOL TRANSCRIPT WILL BE REQUIRED DURING INTERVIEW PROCESS</p>		EDUCATION: Circle Highest Grade Completed High School - 1 2 3 4 College - 1 2 3 4 5 6 Degree (if any) _____ _____ _____	
List Certifications and Training: (CDL License, Water/Wastewater Operator, Telecommunicator, Lifeguard, etc.) _____ _____ _____		Are you available to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you available for standby duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any of your relatives work for the city? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s): _____ Have you had previous employment with the city? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____		_____ _____ _____	
<p>NOTES</p> <p>Separate applications are required for Police and Fire Departments due to civil service requirements.</p> <p>A Resume may be attached to this application to provide additional information, but may not be substituted for a completed and signed application form.</p>			

“AN EQUAL OPPORTUNITY EMPLOYER”

EMPLOYMENT HISTORY

Present or Last Job:			
Name & Address of Employer:			Kind of Business
Phone Number:			
Dates Employed From To	Job Held	Name of Last Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give Brief Description of Duties in Space Provided: _____ _____			
Reason for Leaving:			

Second Last Job:			
Name & Address of Employer:			Kind of Business
Phone Number:			
Dates Employed From To	Job Held	Name of Last Supervisor	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Give Brief Description of Duties in Space Provided: _____ _____			
Reason for Leaving:			

GIVE THE NAME OF TWO REFERENCES, DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS

Name	Relationship	Address	Phone Number
			()
			()

ACKNOWLEDGEMENTS:

I UNDERSTAND THAT A CONDITION OF MY EMPLOYMENT IS TO LIVE IN HARDIN COUNTY OR TO RELOCATE TO SAID COUNTY WITHIN 6 MONTHS OF HIRE.

I HEREBY AGREE, AS A CONDITION OF MY EMPLOYMENT, TO WEAR PERSONAL SAFETY PROTECTION AND USE ANY SAFETY EQUIPMENT AS REQUIRED BY THE CITY IN THE PERFORMANCE OF MY JOB AND ABIDE BY ALL SAFETY RULES. I HEREBY ACKNOWLEDGE THAT PRE-EMPLOYMENT DRUG TESTING IS REQUIRED AND THAT ADDITIONAL DRUG TESTING MAY BE REQUIRED FOR CONTINUED EMPLOYMENT AND I CONSENT TO THE SAME. I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY.

I CERTIFY THAT, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED. I HEREBY AUTHORIZE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION, TO FURNISH ANY INFORMATION THEY MAY HAVE CONCERNING ME WHICH THEY HAVE ON RECORD OR OTHERWISE, AND DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL COMPANY OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

SIGNED: _____

City of Elizabethtown Police Department

AUTHORITY FOR RELEASE OF INFORMATION

Note: This release will be kept separate from the employment application

NAME: _____ DATE OF BIRTH: _____

RACE: _____ SEX: _____ PHONE #: _____

ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

SOCIAL SECURITY NUMBER : _____ SELECTIVE SERVICE NUMBER: _____

This form is utilized in respect to the Privacy Act of 1974 (Public Law 93-579). The information you authorize released by signing this form will be used principally to aid in the completion of an investigation to determine your fitness for employment in the Elizabethtown Police Department, or for other employment purposes including a security clearance and an evaluation of qualifications, suitability, and loyalty to the United States.

Your signature on this Authority For Release of Information form is voluntary; however, your failure to complete this form may mean that the required information cannot be obtained to complete your investigation. Any information either obtained or not obtained could result in disqualification for employment or termination from employment based upon information in the records.

SPECIFICALLY, I HEREBY AUTHORIZE THE RELEASE OF THE FOLLOWING DATA OR RECORDS TO THE ELIZABETHTOWN POLICE DEPARTMENT, AND DO HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

Employment Information	Police and Criminal Records
Selective Service Information	Educational Information
Medical and Military Medical Information	Credit Information

I CERTIFY, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED.

Signature of Applicant: _____ Date: _____

Investigating Officer: _____
Elizabethtown, KY 42701