

CITY OF RICHMOND
Human Resources
 239 West Main Street – P.O. Box 250
 Richmond, KY 40476-0250
 (859) 623-1000
APPLICATION FOR EMPLOYMENT
 (All Departments except Police and Fire)
- INSTRUCTIONS -

Applications must be typed or printed in ink. All questions must be answered factually and completely, if a question is not applicable, so state and indicate NA (not applicable). Applications which are not complete, legible, and factual will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets the same size as this application, and number answers to correspond with questions. False or evasive answers are just cause for rejecting your application. If your application is rejected you will be notified in writing stating the reason for the rejection.

Position(s) Applied For: _____

Date: _____ **Social Security Number Last 4 digits:** _____

Name: _____
(Last) (First) (Middle)

Email Address: _____

Present Address:

 Street Address

 City State Zip County

Mailing Address: (if different from above)

 Street Address

 City State Zip County

Home Phone: _____ **Business Phone:** _____
(Enter only if we may contact you at work)

Cell Phone : _____

On what date would you be available for work? _____

Are you available to work:

(____) Full time (____) Part-time (____) Shift Work (____) Temporary

EDUCATIONAL BACKGROUND

Grade School

Name _____ Location _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No _____ Grade Point or Class Standing _____

High School

Name _____ Location _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No _____ Grade Point or Class Standing _____

Business, Trade, Technical or Vocational School

Name _____ Location _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No _____ Grade Point or Class Standing _____

Junior College

Name _____ Location _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No _____ Grade Point or Class Standing _____

College/University

Name _____ Location _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No _____ Grade Point or Class Standing _____

Type of Degree and/or Major _____

Graduate School

Name _____ Location: _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No Grade Point or Class Standing _____

Type of Degree and/or Major _____

Other, including Military Schools

Name: _____ Location: _____

Dates Attended: From _____ To _____

Graduate _____ Yes _____ No Grade Point or Class Standing _____

Type of Degree and/or Major _____

If you did not graduate from high school do you have a high school equivalency diploma?

_____ Yes _____ No if "YES" to above, give date and type received:

Date: _____ Type: _____ GED _____ UASFI _____ OTHER

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

Indicate any foreign languages you can speak, read and/or write:

Speak _____ Read _____ Write _____

EMPLOYMENT HISTORY

List below chronologically all employment, including part-time, beginning with present employment. If unemployed for a period, indicate dates of unemployment. **PHONE NUMBERS MUST BE SUPPLIED IN ORDER FOR REFERENCES TO BE VERIFIED AND APPLICATION PROCESSED.**

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ **To** _____

Title: _____ **Rate of Pay: Start \$** _____ **Finish \$** _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving _____

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ **To** _____

Title: _____ **Rate of Pay: Start \$** _____ **Finish \$** _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
(Address) (City) (State) Zip)

Dates Worked From _____ **To** _____

Title: _____ **Rate of Pay: Start \$** _____ **Finish \$** _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Name of Employer: _____

Address: _____
(Address) (City) (State) (Zip)

Dates Worked: From _____ **To** _____

Title: _____ **Rate of Pay: Start \$** _____ **Finish \$** _____

Supervisor's Name/Title _____

Describe in detail the work you did: _____

Reason for Leaving: _____

Special Skills and Qualifications: _____

References

Give name, address and telephone number of three (3) references not related to you and are not previous employers. **Phone numbers must be supplied in order for references to be verified and application processed.**

NAME	ADDRESS	TELEPHONE#
(1)		
(2)		
(3)		

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. I understand that false or misleading information given in my application will be cause for my application to be rejected. This application for employment shall be considered active for a period for time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of 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 unless an authorized executive of this organization specifically acknowledges such change in writing. 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. I understand and agree that my employment is not for a definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature of Applicant

Date Signed

This City is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices because of race, color, sex, religion, Age, physical disability or national origin except where sex is a bona fide Occupational qualification or where a physical disability would prevent a person from performing the job duties. No question on this application is asked for the purpose of Limiting or excluding any applicant’s consideration for employment because of his or Her race, color, sex, religion, age, physical disability or national origin.

RESIDENCES

List chronologically all of your residences for the past ten (10) years:

From	To	Address	City/State

Department of Human Resources – EEO Data Information

The Civil Rights Act of 1964, Title VII – Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability. We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed. To insure compliance, this page will be removed and kept in a confidential file separate from the Employment application form.

Name: _____

Social Security No: _____ Date of Birth: _____

Street Address

City State Zip County

Mailing Address (If different from above)

Street Address

City State Zip County

Is this position vacant: ___ Yes ___ No ___ Unknown

Method of Recruitment (Please specify name of publication)

- A. Newspaper: _____
- B. Professional Publication: _____
- C. Referral: _____
- D. Other: _____

Please mark the appropriate space in each category:

Sex: ___ Male ___ Female

Race: ___ Black ___ White ___ Hispanic

___ American Indian/Alaska Native

___ Asian/Pacific Islander

___ Vietnam Era Veteran

“Failure to complete this form does not preclude the applicant’s consideration for the position applied for”