

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

**Personal Information**

**Date:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

**Present Address:**  
 \_\_\_\_\_  
 (No.) (Street Name) (Apt. No.)

\_\_\_\_\_ City State Zip County

**Mailing Address:** (if different from above)

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip County

**\*\*Applicants will be notified by e-mail when testing begins. Please provide an e-mail address for notification:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **Are you a Kentucky Licensed Automobile**

**Operator?** \_\_\_\_\_ No \_\_\_\_\_ Yes

**License No.** \_\_\_\_\_ **Type of License** \_\_\_\_\_

**Employment Desired**

**Position(s) applied for:** \_\_\_\_\_

**Date you could start** \_\_\_\_\_ **Minimum Salary Expected** \_\_\_\_\_

## 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 \_\_\_\_\_

**RESIDENCES**

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

<b>From</b>	<b>To</b>	<b>Address</b>	<b>City/State</b>

**EMPLOYMENT HISTORY**

List below chronologically all employment, including part-time, beginning with present employment. If unemployed for a period, indicate dates of unemployment.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

Dates Worked: From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay: Start \$ \_\_\_\_\_ Finish \$ \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

Position Held/Describe in detail the work you did: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List below chronologically all employment, including part-time, beginning with present employment. If unemployed for a period, indicate dates of unemployment.

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**Dates Worked: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Rate of Pay: Start \$** \_\_\_\_\_ **Finish \$** \_\_\_\_\_

**Supervisor's Name/Title** \_\_\_\_\_

**Position Held/Describe in detail the work you did:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**Dates Worked: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Rate of Pay: Start \$** \_\_\_\_\_ **Finish \$** \_\_\_\_\_

**Supervisor's Name/Title** \_\_\_\_\_

**Position Held/Describe in detail the work you did:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (City) (State) Zip)

**Dates Worked From** \_\_\_\_\_ **To** \_\_\_\_\_

**Rate of Pay: Start \$** \_\_\_\_\_ **Finish \$** \_\_\_\_\_

**Supervisor's Name/Title** \_\_\_\_\_

**Position Held/Describe in detail the work you did:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Address) (City) (State) (Zip)

**Dates Worked: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Rate of Pay: Start \$** \_\_\_\_\_ **Finish \$** \_\_\_\_\_

**Supervisor's Name/Title** \_\_\_\_\_

**Position Held/Describe in detail the work you did:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Skills and Qualifications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY DATA**

Selective Service Classification (Draft Status) \_\_\_\_\_

Date of deferment expiration \_\_\_\_\_

Date of Reserve Obligation completion \_\_\_\_\_

**MILITARY OBLIGATION**

\_\_\_ Subject to call \_\_\_ Not subject to call/obligation completed  
\_\_\_ Active Reservist \_\_\_ Inactive Reservist \_\_\_ Current deferment

**RESERVE STATUS**

\_\_\_ Ready \_\_\_ Standby \_\_\_ Retired-Reg. \_\_\_ Other

**RESERVE BRANCH**

\_\_\_ Air Force \_\_\_ Army \_\_\_ Army Air \_\_\_ Marines \_\_\_ Navy \_\_\_ Air National Guard  
\_\_\_ Coast Guard \_\_\_ National Guard \_\_\_ Navy Air

**PERSONAL REFERENCES**

Give three references (not relatives, former employers, fellow employees or school teachers) who are responsible persons of reputable standing in their communities, such as householders, property owners, business or professional men and women. PHONE NUMBERS MUST BE SUPPLIED IN ORDER FOR REFERENCES TO BE VERIFIED AND APPLICATION PROCESSED

1. Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Years Known \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Street City/State/Zip  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Years Known \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Street City/State/Zip

3. Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Years Known \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

### REQUIRED ATTACHMENTS

Items 1, 2, and 3 must be attached to this application for the application to be processed.  
Items 4, 5, 6 and 7 should be attached if at all possible.

1. Copy of Birth Certificate
2. Copy of High School Diploma or State Certified GED
3. Copy of Drivers License
4. Copy of Military Separation from Active Duty, Form DD214
5. Copy of College Transcripts
6. Copy of Trade School or Correspondence Course Certificates
7. Copies of any other documents that may be helpful in assessing your qualifications.

### APPLICANT'S STATEMENT

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief, and hereby grant the City permission to verify such answers. I understand that any false statement or omission of fact called for on this application may be considered as sufficient cause for rejection of this application, or for dismissal if such false statement or omission of fact is discovered subsequent to my employment. I hereby authorize the City to conduct an investigative consumer report on me, as defined in Public Law 91-508, and I understand that such report may include information as to my character, general reputation, personal characteristics and mode of living. I understand that, if any inquiry is made, more information as to its nature and scope will be supplied upon written request. If this application is considered favorably, I agree to abide by and comply with all of the ordinances and orders of the City.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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.**

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