

City of Erlanger
505 Commonwealth Avenue
Erlanger, Kentucky 41018-0818
859-727-2525

APPLICATION FOR EMPLOYMENT

The City of Erlanger is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. If you require an accommodation to complete the application process, call 859-727-2525.

Last Name: _____ First Name: _____ Middle: _____

Position Applying For: _____

Employment Type: Full-time Part-time Temporary Volunteer

Shifts Desired: Days Nights Evenings Weekends On Call

Salary Desired: _____ Minimum Acceptable Salary: _____

How did you hear of us? _____

List other names you may have used in previous employment:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____

Social Security Number: _____

Email Address: _____

Are you at least 18 years old? Yes No

Have you filed an application with the City of Erlanger before? Yes, date: _____ No

Have you ever been employed by the City of Erlanger previously? Yes No

If yes, please provide the following:

Date(s) Employed: _____ to _____ Department: _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

YOUR EMPLOYMENT HISTORY (MAY INCLUDE VOLUNTEER POSITIONS)

Starting with the most recent position, list below the names of ALL former employer(s) for the last 15 years. If you had more than one position with the same employer, list each separately. Include military service assignments and volunteer activities. Exclude statements which indicate race, color, religion, sex, national origin, or disability.

Name of Employer:	Name of Supervisor:
Address:	Dates Employed (month/year):
Phone:	Starting Pay:
City, State, Zip Code:	Final Pay:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:
Duties:	Reason for Leaving:

Name of Employer:	Name of Supervisor:
Address:	Dates Employed (month/year):
Phone:	Starting Pay:
City, State, Zip Code:	Final Pay:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:
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Name of Employer:	Name of Supervisor:
Address:	Dates Employed (month/year):
Phone:	Starting Pay:
City, State, Zip Code:	Final Pay:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Seasonal	Job Title:
Duties:	Reason for Leaving:

SPECIAL SKILLS AND AWARDS

What skills or training do you have related to the job for which you are applying?

What machines or equipment can you operate related to the job for which you are applying?

What computer equipment, software or word processing packages are you familiar with?

Is there any other information you would like to share (ie. awards, etc.).

Type of License, Registration Number, or Certification	State or Licensing Authority	Expiration Date

FOR DRIVING JOBS ONLY:

Do you have a valid driver's license? Yes No

State: _____ Class: _____ Driver's License #: _____

Has your driver's license been suspended or revoked in the last three years? Yes No

Do you have a reliable method of getting to work? Yes No

EDUCATION AND TRAINING

Schools	Name & Address of Institution	# of Years Attended	Major/Minor	Degree Obtained
High School/ G.E.D.				
College/ University				
College/ University				
Vocational/ Technical				

List any additional courses, training, assignments, qualifications or experience you feel may be helpful to us in considering your application.

1. _____
2. _____
3. _____

MILITARY RECORD

Branch of US Military Service: _____

Dates of Military Service (month/year): _____

Highest Rank Attained: _____

Military Occupation Specialty and/or Major Duties:

Honors or Awards:

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact?

Have you ever been fired or asked to resign? Yes No

If yes, please explain:

Provide three work-related references, not relatives.

Name	Email Address	Phone Number	Company

Criminal Records Verifications are conducted. Should you be unsure, visit your local police department and request a copy of your records.

Have you ever been convicted of a felony? Yes No

If yes, please explain giving dates, location(s), and complete name at the time:

Do you have any relatives employed by the City of Erlanger? Yes No

If yes, provide the following:

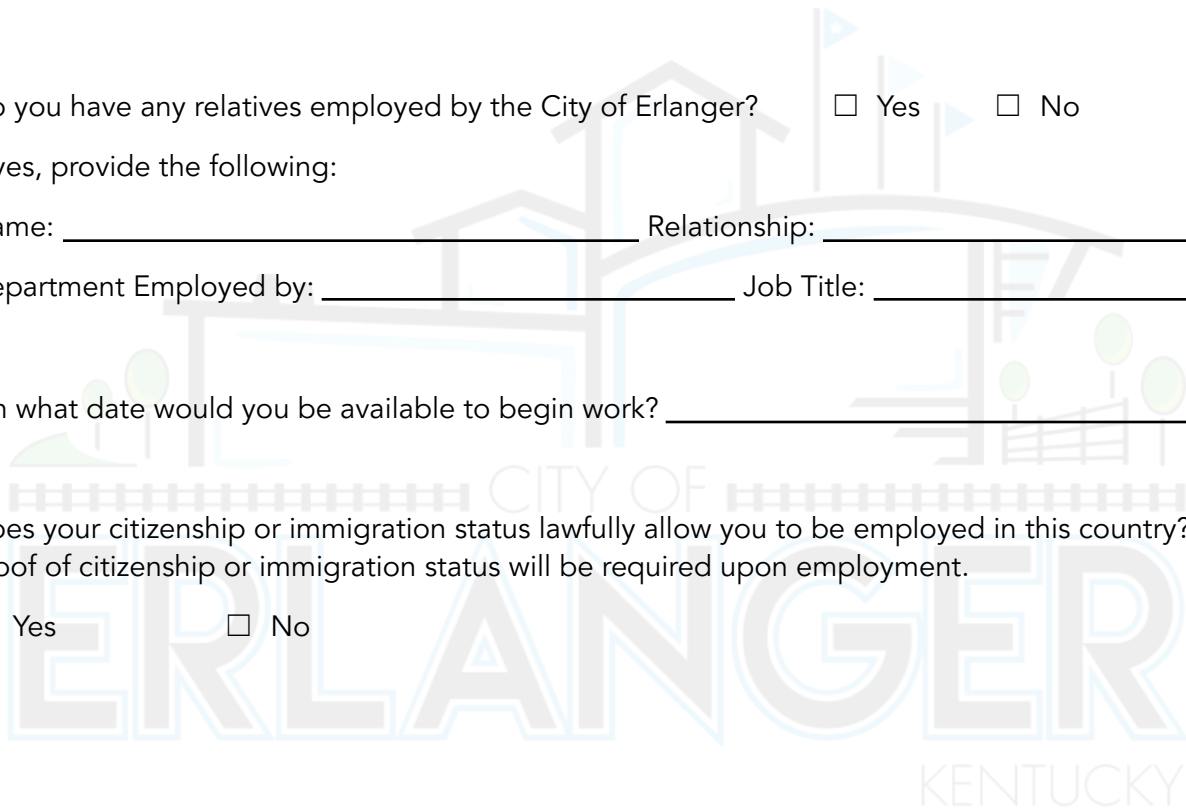
Name: _____ Relationship: _____

Department Employed by: _____ Job Title: _____

On what date would you be available to begin work? _____

Does your citizenship or immigration status lawfully allow you to be employed in this country?
Proof of citizenship or immigration status will be required upon employment.

Yes No



AGREEMENT

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS AND/OR OMISSION IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THE APPLICATION, OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

I AUTHORIZE THE CITY OF ERLANGER TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, INCLUDING CRIMINAL RECORDS, EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE CHECKS. REFERENCES OBTAINED ARE DONE SO IN CONFIDENCE AND I UNDERSTAND THAT MY RIGHTS TO REVIEW ANY REFERENCE MATERIAL IS WAIVED.

I ALSO UNDERSTAND THAT IN SOME CIRCUMSTANCES, I WILL BE REQUIRED TO ENROLL AND PARTICIPATE IN AN APPROPRIATE KENTUCKY RETIREMENT PLAN IMMEDIATELY FROM POINT OF EMPLOYMENT IN A REGULAR STATUS POSITION – FAILURE TO DO SO SHALL RESULT IN TERMINATION OF EMPLOYMENT.

PRIOR TO EMPLOYMENT, I MUST PROVIDE INFORMATION RELATED TO IDENTITY AND EMPLOYABILITY. FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION FOR VERIFICATION OF EMPLOYMENT ELIGIBILITY SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ANY OFFER OF EMPLOYMENT.

I UNDERSTAND THAT CITY OF ERLANGER POLICY PROVIDES ALL NEWLY HIRED EMPLOYEES WITH A SIX-MONTH INTRODUCTORY PERIOD (NOT INCLUDING TIME OFF WORK) THAT GIVES THE EMPLOYEE AND EMPLOYER AN OPPORTUNITY TO MUTUALLY DECIDE WHETHER OR NOT THE FUNCTIONS AND RESPONSIBILITIES OF THE NEW POSITION ARE A SATISFACTORY FIT WITH THE TALENTS AND SKILLS THE NEW EMPLOYEE BRINGS TO KCTCS. I FURTHER UNDERSTAND AND AGREE THAT DURING THIS INITIAL SIX-MONTH PERIOD I MAY DECIDE TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH NO CAUSE OR EXPLANATION REQUIRED, AND I UNDERSTAND THAT CITY OF ERLANGER HAS THAT SAME RIGHT. ONCE I HAVE SUCCESSFULLY COMPLETED THE INTRODUCTORY PERIOD, I SHALL BE CONSIDERED BY THE CITY OF ERLANGER TO HAVE EARNED CONTINUED EMPLOYMENT STATUS.

Date: _____ Signature: _____

THIS APPLICATION WILL REMAIN VALID AND ON FILE FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.