



# Application for Employment

City of Lawrenceburg

100 N. Main Street

(502) 839-5372

We offer equal employment opportunities to all persons without regard to race, religion, age, marital or veteran status, sex, national origin, disability, or and other legally protected statuses.

(PLEASE PRINT)

Last name	First Name	Middle Initial	Maiden Name	
Address: Number	Street	City	State	Zip
Phone		Email address		

Position(s) Applied for	Date of Application
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary / Seasonal	Date available for work
Do you have any family members working for the city? If so please list: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you over the age of 18?  Yes     No

If no, give age \_\_\_\_\_

If applying for a Police Officer position, are you over the age of 21?  Yes     No

Have you ever completed an application with us before?  Yes     No

If Yes, give date \_\_\_\_\_

Have you been employed by the City of Lawrenceburg before?  Yes     No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes     No

May we contact your current employer?  Yes     No

Are you currently on "layoff" status or subject to a recall?  Yes     No

Can you travel if the job requires it?  Yes     No

Are you legally able to work in the United States?  Yes     No

*Proof of citizenship or immigration status will be required upon employment.*

Have you been charged or convicted of a felony?  Yes     No

If Yes please explain \_\_\_\_\_  
*Charges or Conviction will not necessarily disqualify an applicant from employment?*

## Education

School Name and City / State	High School				Trade School	College / University				Graduate / Professional			
	9	10	11	12	Year(s) attended	1	2	3	4	1	2	3	4
Diploma / GED / Degree Received													
Describe course of study:													
Describe any specialized training, apprenticeship, skills, and extracurricular activities.													
Describe any honors you have received.													
State any information you feel may be helpful to us in considering your application.													

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

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other*

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## References

Give name, address, and phone number of three references who are not related to you and are not previous employers.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Have you ever had and job related training in the United States Military?  Yes  No

If yes, please describe \_\_\_\_\_

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Do you have a valid Driver's License?  Yes  No

State Issued \_\_\_\_\_ License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type of License (*circle one*):      Standard, CDL class A, CDL class B

## Employment Experience

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Start with your present or last employer. Include military service assignments and volunteer activities. You may also attach a resume in place if this information. *You may exclude volunteer activities which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status.*

<b>1) Employer</b>	Telephone	Dates of Employment		Work Performed
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Start	Final		
Supervisor				
Reason for leaving				
<b>2) Employer</b>	Telephone	Dates of Employment		Work Performed
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Start	Final		
Supervisor				
Reason for Leaving				
<b>3) Employer</b>	Telephone	Dates of Employment		Work Performed
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Start	Final		
Supervisor				
Reason for leaving				
<b>4) Employer</b>	Telephone	Dates of Employment		Work Performed
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Start	Final		
Supervisor				
Reason for Leaving				

May we contact the employers listed above? If not list which one(s) you do not wish us to contact.

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# Agreement

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I certify that answers given herein are true and complete to the best of my knowledge.

You are hereby authorized to perform any investigation of my personal history and financial and credit record through an investigative or credit agency or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of any investigative report that is made.

I understand that I am making an application only for the current vacancy and that I must reapply for any subsequent vacancies. If I were to be offered employment or in my being considered for employment by the City of Lawrenceburg, I agree to conform to the rules and regulations of the City of Lawrenceburg at any time.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Lawrenceburg and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand no such promise or guarantee is binding upon the City of Lawrenceburg unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Lawrenceburg retains the same right.

Should I be offered employment I understand that I will be required to submit to a physical examination which may include a drug screen and that me employment will be conditional upon the results of said examination and drug screen.

In the event of employment I understand that false or misleading information given in, my application or interview(s) may result in discharge.

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

\_\_\_\_\_  
Date

\*\*\*\* Office Use Only \*\*\*\*

Arrange Interview     Yes    No

Remarks: \_\_\_\_\_

Employed  Yes    No

Date of Hire \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly rate: \_\_\_\_\_

Dept: \_\_\_\_\_

Approved By \_\_\_\_\_  
Name and Title

Date \_\_\_\_\_

Note: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EEO Data Collection Form

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## Instructions to Applicants

The City of Lawrenceburg is an equal opportunity employer. As part of our efforts to ensure fair treatment of women, minorities, individuals with disabilities and veterans, we ask applicants to supply the following information. The following is for research and statistical uses only. However, you do **not** have to complete this form to apply at the City of Lawrenceburg. **Any information volunteered will be kept confidential.**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How did you hear about the job opening: \_\_\_\_\_

Sex (check one)

Male

Female

Race (check one)

American Indian or Alaskan Native

Asian

Black (not of Hispanic origin)

Hispanic or Latino

White (not of Hispanic origin)

Two or more

If you are a veteran, please supply the following information:

Disabled Veteran

Recently Separated Veteran, Service Dates: \_\_\_\_\_

Veteran with Service Medal or Campaign Badge, Service Dates \_\_\_\_\_, Name of War or Military Campaign, Expedition or Operation \_\_\_\_\_

If you have a disability that requires accommodation to perform this position, please explain what accommodations would allow you to perform the job duties successfully.

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