



# APPLICATION FOR EMPLOYMENT

City of Hillview, 283 Crestwood Lane, Louisville, Kentucky 40229  
Office: (502) 957-5280 Fax: (502) 955-5673

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual preference, marital or veteran status, or any other legally protected status.*

## PART I General Information

<b>Position Applying For:</b>		<b>Date of Application:</b>	
<b>How Did You Learn About Us?</b>			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number(s):</b>	<b>Social Security Number:</b>	<b>DOB:</b>	

Best time to contact you? \_\_\_\_\_:\_\_\_\_\_  A.M.  P.M.

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever previously applied with the City of Hillview?  Yes  No

If yes, provide the date: \_\_\_\_\_

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

If yes, provide the date: \_\_\_\_\_

Are any of your friends or relatives employed by the City of Hillview?  Yes  No

If yes, provide their name & relationship: \_\_\_\_\_



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Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of your Visa or Immigration Status?  Yes  No

*NOTE: Proof of citizenship or immigration status will be required prior to employment*

Date available to begin work: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Salary Desired?

Are you available to work:  Full Time  
 Part Time  
 Temporary

What shift(s) are you able to work?  Day Shift  
 Mid Shift  
 Night Shift

Are you currently in "Lay-Off" status and subject to recall?  Yes  No

Can you travel if the job requires you to?  Yes  No



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## **PART II EDUCATION**

<b>Name of High School:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Course of Study:</b>		
<b>Years Completed:</b>	<b>Diploma/Degree:</b>	

<b>Name of Undergraduate College:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Course of Study:</b>		
<b>Years Completed:</b>	<b>Diploma/Degree:</b>	

<b>Name of Graduate/Professional School:</b>		
<b>Address:</b>		
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<b>Other:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Course of Study:</b>		
<b>Years Completed:</b>	<b>Diploma/Degree:</b>	

## PART III

### EMPLOYMENT HISTORY

**Begin by providing your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

<b>Employer:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>	<b>May We Contact?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Supervisor:</b>		
<b>Job Title:</b>	<b>Dates Employed – From:</b>	<b>To:</b>
<b>Hourly Rate / Salary:</b>	<b>Starting:</b>	<b>Final:</b>
<b>Job Duties:</b>		
<b>Reason For Leaving:</b>		



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**COMMENTS: include explanations of any gaps in employment**

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## **PART IV**

### **Skills**

**Describe any specialized training, apprenticeship, skills, and extra-curricular activities.**

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**Describe any job-related training received in the United States Armed Forces.**

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**List professional, trade, business or civic activities and offices held. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.**

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**SPECIALIZED SKILLS (skills/equipment operated)**

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> PC / Mac	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Typewriter	WPM :	<input type="checkbox"/> Shorthand	WPM :

**Machinery:**

**State any additional information you feel might be helpful to us in considering your application**

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**NOTE TO APPLICANT: Do not answer the question listed below unless you have been informed about the job requirements of the job in which you are applying.**

**Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities and requirements involved in such job or occupation has been given to me.**

YES                       NO



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## PART V

### Personal / Professional References *(do not include family members or past supervisors)*

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>		
<b>Best Time to Call:</b>	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
<b>Occupation:</b>		
<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone Number:</b>		
<b>Best Time to Call:</b>	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
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## **PART VI**

### **Applicant's Statement & Signature**

#### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 2 years. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that 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 the 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 or by conduct 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.

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**Signature of Applicant**

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**Date**