

McCracken Co. Employment Application

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|--|----------------------------|--|----------------------|----------------|---------------------------|
| Personal Information | | | | | Last Name, First Initial: |
| Name (Last, First, MI) | | | | | |
| Street address | | | | | |
| City, State, Zip | | | | | |
| Home phone number | | Work phone number | | | |
| Facsimile number | | E-mail address | | | |
| Social security number | | Driver's license number/state/expiration | | | |
| <i>(if job involves any driving)</i> | | | | | |
| Employment Desired | | | | | |
| Position applied for | | | | | |
| How did you hear about this position? | | | | | |
| Date available for work | | Desired hours (full time, part time, etc.) | | | |
| | | | | | |
| Education | | | | | Today's Date: |
| | Name and Address of School | Course of Study | Total Years of Study | Degree/Diploma | |
| High School | | | | | |
| Undergraduate College | | | | | |
| Graduate/Professional | | | | | |
| Other (Specify) | | | | | |
| List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7): | | | | | |
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Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

| | | | | | |
|----|---|------------------------------|-----------------|---------------|---|
| 1. | Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No) | | Start Date | End Date | Essential job functions of final position |
| | Address | | | | 1. |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor(s) | | | 4. |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? | | | | |
| | ----- | | | | |
| | ----- | | | | |
| 2. | Employer | | Start Date | End Date | Essential job functions of final position |
| | Address | | | | 1. |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor(s) | | | 4. |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| | What value did you add to this company or its customers? | | | | |
| | ----- | | | | |
| | ----- | | | | |

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Employment History

| | | | | |
|----|--|------------------------------|---------------|---|
| 3. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Salary | Ending Salary | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| | Reason(s) for leaving | | | |
| | What value did you add to this company or its customers? | | | |
| | | | | |
| | | | | |
| 4. | Employer | Start Date | End Date | Essential job functions of final position |
| | Address | | | 1. |
| | City, State, Zip | Starting Salary | Ending Salary | 2. |
| | Phone number | | | 3. |
| | Fax number | Supervisor(s) | | 4. |
| | Job position(s) | E-mail address of supervisor | | |
| | Reason(s) for leaving | | | |
| | What value did you add to this company or its customers? | | | |
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Employment Application

Employment History

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|--|-----------------------|------------------------------|-----------------|---|----|
| 5. | Employer | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| What value did you add to this company or its customers? | | | | | |
| | | | | | |
| | | | | | |
| 6. | Employer | Start Date | End Date | Essential job functions of final position | |
| | Address | | | 1. | |
| | City, State, Zip | | Starting Salary | Ending Salary | 2. |
| | Phone number | | | | 3. |
| | Fax number | Supervisor | | 4. | |
| | Job position(s) | E-mail address of supervisor | | | |
| | Reason(s) for leaving | | | | |
| What value did you add to this company or its customers? | | | | | |
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Employment Application

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

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List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

Identify formal job training that relates to this position:

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Identify what skills or certification you possess related to this position:

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If you are hired, what value would you add to McCracken County?:

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Describe what you believe are the most unique features of your work history:

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Employment Application

Additional Information

Have you ever been employed with McCracken County before? Yes No
If Yes, when?

Do you have any friends or relatives employed by McCracken County? Yes No
If Yes, please provide their names and relationship to you:

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No

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

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired are there any accommodations McCracken Co. would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
If Yes, please explain:

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain:

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question. If you are applying for a position with McCracken County in the following states, please read the following instructions before responding.

Do not provide information concerning:

- (1) any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated. or;
- (2) any misdemeanor conviction for which probation has been completed or discharged and the case has been judicially dismissed.

Have you ever been convicted of a felony? Yes No Record If so, when? _____

Within the last five years have you been convicted of or released from incarceration for a misdemeanor, which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray or disturbing the peace? Yes No Record

(A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.) _____

Employment Application

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

| | | |
|--------------|---------|---------------------------------|
| Name | | Occupation |
| Company name | Address | |
| Telephone | E-mail | Relationship & years acquainted |

Additional Space

Additional space provided to expand on any points or questions asked previously in this application

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PLEASE USE ADDITIONAL PAPER IF NECESSARY

Employment Application

Please read each statement closely and initial each acknowledging your understanding

Equal Employment Opportunity Statement

_____ T & O:æA ^} /O[È is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. T & O:æA ^} /O[È desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. T & O:æA ^} /O[È will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for T & O:æA ^} /O[È .

Discrimination and Sexual Harassment Policy Statement

_____ T & O:æA ^} /O[È will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Disclosure to Applicants Concerning Drug/Alcohol Testing

_____ If you are offered a position with the T & O:æA ^} /O[, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by T & O:æA ^} /O[. Neither the collector of specimens nor the medical professional who reviews the test results will be a c[~ } ĉ employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

At-Will Employment

I understand and agree that if I am employed, my employment will be “at-will”, which means that T & O:æ ^} C[~ } ĉ may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, T & O:æ ^} Ā[~ } ĉ will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superceded and that no promise or representation contrary to the foregoing is binding on T & O:æ ^} Ā[~ } ĉ unless made in writing and signed by T & O:æ ^} Ā[~ } ĉ.

Testing Authorization

If offered a position with T & O:æ ^} Ā[~ } ĉ, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by T & O:æ ^} Ā[~ } ĉ as a condition of employment.

Investigation Authorization

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

Company Obligation

I understand and agree that T & O:æ ^} Ā[~ } ĉ’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that T & O:æ ^} Ā[~ } ĉ has agreed to hire me. I understand that T & O:æ ^} Ā[~ } ĉ is under no obligation to hire me as the result of accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY T & O:æ ^} Ā[~ } ĉ.

Signature

Date

ADDITIONAL NOTES:
