

EMPLOYMENT APPLICATION

City of Walton, KY

Applicant Information			
Last Name	<input type="text"/>	First Name	<input type="text"/>
Middle Initial	<input type="text"/>	Date	<input type="text"/>
Social Security No.	<input type="text"/>		
Street Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Telephone:	<input type="text"/>	Other Phone:	<input type="text"/>
Email address:	<input type="text"/>		
Date Available to Start:	<input type="text"/>		
Position Applied For:	<input type="text"/>		
Desired Salary:	<input type="text"/>		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by the City of Walton before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what date(s): <input type="text"/>			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

High School Address
From To Did you graduate? Yes No Degree

College Address
From To Did you graduate? Yes No Degree

Other Address
From To Did you graduate? Yes No Degree

References

Company Phone
Address Supervisor
Job Title Starting Salary Ending Salary
Responsibilities
From To Reason for leaving

Company Phone
Address Supervisor
Job Title Starting Salary Ending Salary
Responsibilities
From To Reason for leaving

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From		To	
		Reason for leaving	

Military Service

Branch		From		To	
Rank at Discharge					
Type of Discharge					
If other than honorable, explain					

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in release.

Signature _____ **Date** _____

Equal Employment Opportunity: We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, disability, or any other legally protected status.

Agreement

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

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies 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 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 Walton, I agree to conform to the rules and regulations of the City of Walton and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the City of Walton at any time, at the City of Walton's sole option and without any prior notice to me.

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 Walton and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Walton 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 Walton retains the same right.

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

Signature		Date	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks			
Interviewer		Date	
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Employment
Job Title		Hourly Rate/Salary	Department
By (name and title)			Date

Attachment II

PRE-EMPLOYMENT TESTING NOTICE TO APPLICANTS FOR NON-SAFETY AND
SAFETY SENSITIVE POSITIONS

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT
SIGNED AND DATED

I am hereby acknowledging that I will be given pre-employment drug tests. I am aware that employees will not be hired without a clear negative test from the MRO.

Signed:

Date