



**Employment Application**

<b>APPLICANT INFORMATION</b>										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available			Desired Salary			Position Applied For				
Can you perform the essential functions of the position you are applying for? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, please explain.										
Do you have any friends or relatives employed by this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide their names and relationships to you:										
If hired, can you provide proof of US citizenship or your legal right to work in the United States?									YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
<b>EDUCATION</b>										
Do you have a high school diploma or GED? YES <input type="checkbox"/> NO <input type="checkbox"/>				List high school name or GED institution:						
University/College/Trade School Name:							Address:			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other:				Address:						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
List any seminars, classes or other education not listed above which may help qualify you for this position.										
<b>REFERENCES</b>										
<i>Please list three professional references. This should be coworkers, supervisors, managers, etc who have direct knowledge of your work.</i>										
Full Name					Company					
Phone					Email					
Full Name					Company					
Phone					Email					
Full Name					Company					
Phone					Email					



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**PREVIOUS EMPLOYMENT**

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

Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Essential Job Functions							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Essential Job Functions							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone		
Address					Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$	
Essential Job Functions							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch		From		To		Rank at Discharge
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**DISCLAIMER AND SIGNATURE**

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I certify the facts contained in this application are true and complete to the best of my knowledge and I understand that falsified statements in this application may result in denial of employment, or termination of my employment. I understand and agree that if hired, my employment is at-will and either the company or I can terminate the employment relationship at any time and for any reason.

City of Shepherdsville is an Equal Employment Opportunity (EEO) employer. In compliance with Title VI of the Civil Rights Act of 1964, we do not discriminate against job applicants based on race, color, gender, age, national origin, mental or physical disability, veteran or family status, genetic information, religion or any other status or condition protected by applicable federal, state or local laws, except where a bona fide occupational qualification applies.

Signature		Date	
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