

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____

NAME _____
 Last First Middle

SOCIAL SECURITY # _____ DATE OF BIRTH _____

PRESENT ADDRESS _____
 Street City State Zip

PREVIOUS ADDRESS _____
 (if less than 3 years at present address) _____
 Street City State Zip

PHONE NUMBER (Home) _____ (Cell) _____ ARE YOU 18 YEARS OR OLDER? * YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

*HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO

If yes to above question, please describe _____

* In order to verify your fitness as an employee, a Criminal History background check may be performed. Your signature on page 3 of this application authorizes the same.

EMPLOYMENT DESIRED

POSITION APPLIED FOR _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

| EDUCATION | NAME & LOCATION OF SCHOOL | *NO OF YEARS ATTENDED | *DEGREE OBTAINED | SUBJECTS STUDIED |
|--------------------------|---------------------------|-----------------------|------------------|------------------|
| Elem. School | | | | |
| High School | | | | |
| College | | | | |
| Trade or Business School | | | | |

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70 years of age.

GENERAL

IN CASE OF EMERGENCY NOTIFY _____

PHONE NUMBER _____

AREAS OF SPECIAL STUDY OR INTEREST _____

U.S. MILITARY SERVICE _____

RANK _____

EMPLOYMENT EXPERIENCE

Start with your present job; include military service assignments.

| Date Month & Year | Name & Address of Employer | Salary | Position | Reason for Leaving |
|----------------------|----------------------------|--------|----------|--------------------|
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |

Special Skills and QualificationsSummarize special skills and qualifications
acquired from employment or other experience:

REFERENCES

Give the names of three persons not related to you, whom you have known for at least one year.

| Name | Address | Business | Phone Number | Years Acquainted |
|------|---------|----------|--------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

CERTIFICATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any information pertaining to the Criminal Background check may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW DATE _____

HIRED YES NO POSITION _____

SALARY/WAGE _____ OTHER COMPENSATION _____

DATE REPORTING TO WORK _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

City of Maysville
Authorization to Release Information

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Maysville with any and all information they may request concerning my work record, educational history, military record, traffic record, criminal record, medical history, and general reputation. I also, request and authorize you to furnish any organization or individual conducting a background investigation on behalf of the City of Maysville with this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Maysville.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the City of Maysville.

A photocopy or facsimile of this release will be valid as an original thereof for one year from date of execution.

Applicant's Signature _____ Date _____

Witness Signature _____ Date _____

Type or print legibly the following information:

Applicant's Name _____

Date of Birth _____

Social Security Number _____

Current Address _____

Telephone Number _____