



City of Georgetown

Human Resources
100 Court Street
Georgetown, KY 40324

Phone (502) 863-9800
Fax (502) 867-7450
www.georgetownky.gov

Application for Employment Instructions

The following instructions are intended to help you fill out the application for employment with the City of Georgetown. If you need a special accommodation or assistance with filling out the application, ask the Director of Human Resources. Some positions require proof of education, verification of address, a birth certificate, professional licenses and certificates, and verification of a valid driver's license. These requirements will be listed on the posting and other public advertisements.

Do not leave any blanks. Put "n/a" in any space not applicable to you. Failure to fill out the application completely may result in the disqualification of the application. Please use a blue or black ink pen. If you have any questions, please ask the Director of Human Resources.

Do you have a relative(s) currently working for the City of Georgetown? Yes No
If yes, list the name, relationship, and department.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please be advised that applications are kept on file for 6 months or until a vacancy is filled, whichever date occurs first.

I certify that I have read the above information and have followed all directions as requested. Failure to do so will result in the disqualification of the application.

Signature of Applicant _____ Date _____

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name		Social Security#	
Last	First	Middle	
Address			
Street	City	State	Zip Code
Telephone	Cell Phone	E-mail Address	
Position(s) applied for			Date of application
Referral Source (Please check the appropriate category and name the source.)			
<input type="checkbox"/> Walk-in		<input type="checkbox"/> School	
<input type="checkbox"/> Employee		<input type="checkbox"/> Job Fair	
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Staffing Agency	
<input type="checkbox"/> Company's Website		<input type="checkbox"/> Government	
<input type="checkbox"/> Other/ Internet		Employment Agency	
		<input type="checkbox"/> Other	

What is the best time to call you? _____

May we contact you at work? ___ Yes ___ No

If so, what is your work number? _____

Have you ever been employed by the City of Georgetown?

___ Yes ___ No

If so, when? _____

Are you legally eligible for employment in this country?

___ Yes ___ No

Will you travel if the job requires it? ___ Yes ___ No

Will you relocate if the job requires it? ___ Yes ___ No

Are you willing to work any shift, including nights and

weekends? ___ Yes ___ No

What date are you available for work? _____

What is your desired salary or hourly rate of pay?

\$ _____ per _____

What type of employment do you desire?

___ Full Time ___ Part Time ___ Seasonal ___ Temporary

Will you work overtime if the job requires it? ___ Yes ___ No

Have you ever been bonded? ___ Yes ___ No

What is your driver's license number? _____

How will you get to work? _____

Are you able to perform the essential functions of the position

you seek with or without reasonable accommodation? ___ Yes ___ No

AN EQUAL OPPORTUNITY EMPLOYER

Revised May 2017

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like the most about your position?			
What were the things you liked least about the position?			

Employer	Telephone #	Dates employed:	to
Street Address	City	Compensation (Starting)	
Starting job title/final job title	State	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like the most about your position?			
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Street Address	City	Compensation (Starting)	
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Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$	
Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
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Why did you leave?		Compensation (Final)	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like the most about your position?			
What were the things you liked least about the position?			

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (years of experience.)

Microsoft Word Years _____ Microsoft Excel Years _____ Microsoft Power Point Years _____ Microsoft Outlook Years _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA	Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other			
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other			
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other			
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Other			

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship	Telephone	Number of

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date

CITY OF GEORGETOWN

EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. The City of Georgetown complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, and medical condition of handicap.

The CITY must make periodic reports to the Federal Government to reveal whether or not its personnel practices are in compliance with the various laws relating to Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed. To ensure compliance, this page will be removed and kept in a Confidential File separate from the Employment Application Form.

Full Name _____
S.S.# _____
Address _____

Position Applied For _____
Is Position Vacant Yes No

Method of Recruitment {Please be specific by giving name publication}
NEWSPAPER _____
PROFESSIONAL PUBLICATION _____
REFERRAL _____
OTHER _____

PLEASE CHECK APPROPRIATE BOX

Sex: Male Female
Race: Black White Hispanic
American Indian/Alaskan Native Asian/Pacific Islander
Other: Vietnam Era Veteran
Disabled Veteran
Handicapped Individual

FAILURE TO COMPLETE THIS FORM DOES NOT PRECLUDE THE APPLICANT'S
CONSIDERATION FOR THE POSITION APPLIED FOR

AN EQUAL OPPORTUNITY EMPLOYER

CITY OF GEORGETOWN

AFFIRMATIVE ACTION ADA DISABILITY FORM

TO: All Applicants and Employees

The City of Georgetown has for many years followed a policy of non-discrimination in all phases of its personnel practices, including the recruiting, hiring, compensating, training, promoting and terminating of employees without regard for race, color, religion, sex, age or national origin. The CITY also had in effect Affirmative Action Programs for minorities and females since the Civil Rights Act of 1964, and had developed Affirmative Action Programs for the handicapped [physical or mental impairment], Vietnam Era Veterans due to subsequent legislative changes.

Under the regulations a:

Handicapped Individual is defined as any person who [1] has physical or mental impairment which substantially limits one or more of such person's major life activities; [2] has a record of such impairment; or [3] is regarded as having such an impairment. A handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap.

Disabled Veteran means a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at thirty percent [30%] or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Veteran of the Vietnam Era means a person [1] who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; and [2] who was so discharged or released within forty-eight months preceding the alleged violation of the Vietnam Era Veterans Readjustment Assistance Act of 1974, the affirmative action clause thereof and/or the regulations issued pursuant to the Act.

If you qualify for inclusion under our Affirmative Action Programs we would like to include you. Information obtained concerning you shall be kept confidential as provided by the applicable regulations.

In order to assure proper placement of all employees, we request you to answer the following questions. If you have a disability which might affect your performance or create a hazard to yourself or others in connection with the job for which you are applying, please state the following:

- 1. The skills and procedures you use or intend to use to perform the job notwithstanding [in spite of] disability:

- 2. Accommodations which would enable you to perform the job properly and safely, including special equipment changes in the physical layout of the job, elimination of certain duties relating to the job, or other accommodation. Any accommodation afforded must be a reasonable expectation of employer.

PRINT NAME _____ DATE _____
RETURN WITH EMPLOYMENT APPLICATION TO THE CITY'S HUMAN RESOURCES
DIRECTOR