



APPLICATION FOR EMPLOYMENT

* We are a drug-free workplace. Pre-employment drug testing is required.

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY
NUMBER _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

PERMANENT ADDRESS

STREET

CITY

STATE

PHONE NUMBER

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME
AND DEPARTMENT (OMIT NAME OF SPOUSE)

REFERRED
BY:

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
REQUIRED \$

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?

READ?

WRITE?

ACTIVITIES: CIVIC, ATHLETIC, ETC.

(Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national of its' members.)

FORMER EMPLOYERS: (List below last four employers, starting with last one first.)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES: (Give below the name of three persons not related to you whom you have known at least one year.)

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD: Do you have any impairment that would interfere with your ability to perform the job for which you have applied?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that 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 any previous notice.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENTAL USE ONLY

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary/Wage _____

Approved: 1. _____ 2. _____ 3. _____
 Mayor City Administrator Department Superintendent



**CITY OF WILLIAMSTOWN
400 NORTH MAIN STREET
WILLIAMSTOWN, KENTUCKY 41097
(859) 824-3633**

READ CAREFULLY

SIGN AND DATE

I certify that all statements given on this application are true and complete. I, further, understand that if employed, any falsification, misrepresentation, or omission in this or any other personnel record may result in my dismissal. I authorize my former employers and other individuals to give information concerning me, whether or not it is part of their written record, and I release them and their companies from any liability whatsoever.

I understand that if I accept employment with the City of Williamstown, I will be classified as a probationary employee for a period up to twelve months. I understand that during that probationary period, I will be employed at-will. That means both the City of Williamstown and I have the right to end the employment relationship at any time or without cause and with or without advance notice. I understand that once I have successfully completed my probationary period, I may be dismissed from city service for just-cause only.

Applicant Signature

Date