

# APPLICATION FORM

Mayor's Office

501 S. Main Street • London, Kentucky

606-864-6995

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## GENERAL INFORMATION

- LEGAL:**
- 1) Do you have a valid Kentucky Driver's License: YES \_\_\_\_\_ NO \_\_\_\_\_  
If no, could you acquire one in a short period of time: YES \_\_\_\_\_ NO \_\_\_\_\_
- 2) Have you ever been arrested for other than a minor traffic violation: YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, explain arrest and disposition: \_\_\_\_\_
- 3) Are you a citizen of the United States: YES \_\_\_\_\_ NO \_\_\_\_\_  
Are you a resident of Laurel County: YES \_\_\_\_\_ NO \_\_\_\_\_

- MILITARY:**
- 1) Have you ever served in the Armed Forces of the United States: YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, Branch \_\_\_\_\_ Final Rank \_\_\_\_\_  
Years of Service: From \_\_\_\_\_ To \_\_\_\_\_  
Special Training or Awards Received: \_\_\_\_\_  
Do you have a remaining commitment: YES \_\_\_\_\_ NO \_\_\_\_\_

## EDUCATION:

**Grade School** Name: \_\_\_\_\_ Location \_\_\_\_\_  
Years Attended From: \_\_\_\_\_ To \_\_\_\_\_ Years Completed \_\_\_\_\_

**High School** Name: \_\_\_\_\_ Location \_\_\_\_\_  
Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Diploma YES \_\_\_\_\_ NO \_\_\_\_\_

**COLLEGE:** Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduate YES \_\_\_\_\_ NO \_\_\_\_\_  
Credits Earned: \_\_\_\_\_ Degree: \_\_\_\_\_

**Other:** (Graduate or Vocational) Name: \_\_\_\_\_  
Location: \_\_\_\_\_ Training: \_\_\_\_\_  
Did you graduate: YES \_\_\_\_\_ NO \_\_\_\_\_ Degree: \_\_\_\_\_

Any other special training or education: \_\_\_\_\_

List of Skill Licenses Held: \_\_\_\_\_

## EMPLOYMENT HISTORY: (Beginning with your most recent position.)

Employer: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_

Specific Function or Duties \_\_\_\_\_

**EMPLOYMENT HISTORY (continued from page 1)**

Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Specific Function or Duties: \_\_\_\_\_

Employer: \_\_\_\_\_ Location: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Dates From \_\_\_\_\_ To \_\_\_\_\_  
Specific Function or Duties: \_\_\_\_\_

If presently employed, do you have any objections to us contacting your employer?

YES \_\_\_\_\_ NO \_\_\_\_\_ Comment: \_\_\_\_\_

**REFERENCES: (Other than relative or city employees)**

Name	Address	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

(OR MORE)

**OTHER INFORMATION EITHER RELATING TO OR UNRELATED TO PREVIOUS QUESTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** I hereby certify that the above information is true to the best of my knowledge. I further understand that any purposeful falsification or misrepresentation is sufficient reason for disqualification.

\_\_\_\_\_  
Signature Date

(OPTIONAL)

**EQUAL EMPLOYMENT OPPORTUNITY**

The following sections are asked for statistical purposes only. Information provided will not be used in the selection process.

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ DATE \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Sex: \_\_\_\_\_  
Race: (Caucasian, Black, Spanish Sur-named, Oriental, or American Indian) \_\_\_\_\_  
Physical Disability: \_\_\_\_\_