

Harrison County Fiscal Court
111 South Main Street
Cynthiana, KY 41031

(859) 234-7136
FAX(859) 234-6647

APPLICATION FOR EMPLOYMENT

Harrison County Fiscal Court is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Please Print or Type

Date of application: _____ Position(s) applied for: _____

Referral source: Advertisement Friend Relative
Walk-in Employment Agency Other _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address)

City _____ State _____ Zip _____

Telephone: (Work) _____ (Home) _____

Social Security Number _____

Have you ever been employed here before? _____ If so, give date: _____

Are you currently employed? _____ May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

_____ (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No

Do you have a valid commercial driver's license? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No

If yes, please explain _____

(Continue on reverse side if necessary)

Do you have any physical, mental or medical impairment or disability that would limit your job performance in the position for which you are applying? _____ Yes _____ No

If yes, please explain _____

Are there workplace accommodations that would assure better job placement and/or enable you to perform your job to your maximum capability? _____ Yes _____ No

If yes, please indicate _____

Give name, address and telephone number of three personal references who are not related to you and are not previous employers.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

	Elementary School	High School	College/University Trade or Vocational School	Graduate/ Professional
School Name	_____			
Grade Completed (Circle highest level completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	
Diploma/Degree	_____			
Describe course of study	_____			
Describe specialized Training, apprenticeship, Skills and/or extra-Curricular activities	_____			
Honors Received	_____			

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, or political affiliation or belief. You may attach a resume as a substitute, or to supplement, the information requested below. Failure to provide all of the requested information may, however, result in the disqualification of your application. If you need additional space, please continue on a separate sheet of page.

Employer	Address		
Job Title	Supervisor	Phone	
Reason for leaving		Work Performed	
Dates Employed / From:	To:	Salary / Starting	Final

Employer	Address		
Job Title	Supervisor	Phone	
Reason for leaving		Work Performed	
Dates Employed / From:	To:	Salary / Starting	Final

Employer	Address		
Job Title	Supervisor	Phone	
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Employer	Address		
Job Title	Supervisor	Phone	
Reason for leaving		Work Performed	
Dates Employed / From:	To:	Salary / Starting	Final

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of the Harrison County Fiscal Court. **I authorize investigation of my criminal history as a part of the pre-employment process.**

Signature of Applicant

Date

Affirmative Action Survey

This data is for analysis and affirmative action purposes only. Submission of information about a disability is voluntary.

Date of birth: _____

Circle one: Male Female

Circle one of the following Race/Ethnic Group: White Black Hispanic Other _____
(Please specify.)
 American Indian/Alaskan Native Asian/Pacific Islander

Circle if applicable: Disabled Individual

For Personnel Department Use Only

Arrange Interview (circle one) Yes No

Remarks _____

Interviewer

Date

Employed (circle one) Yes No

Date of Employment _____

Job Title _____ Hourly Rate/
 Salary _____ Department _____

By _____
 Name and Title

Date