



Brenda Allen
MAYOR

CITY OF CAMPBELLVILLE
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EMPLOYMENT APPLICATION

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, or disability.

Applying for a position with: Water & Sewer System City of Campbellsville

Name:			Social Security Number:	
Last	First	Middle		
Current Address:			Phone Number:	
Street	City	State	Zip Code	()
				()

Are you 18 years of age or older? Yes No

Are you lawfully authorized to work in the United States? Yes No

Date Available For Work:	Position Applied For:	Salary Desired:

Will You Perform Shift Work?	Have You Ever Been Convicted of a Felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education:

	Name and Location of School	Number Of Years Attended	Did You Graduate?	Subject/ Major
High School				
College				
Trade/Special Training				

Honors Received:

Special Skill(s) or Certificate(s) Achieved:

Office Machines and/or Software Programs Used:



The City of Campbellsville is an At-Will Employer.
This institution is an equal opportunity provider and employer.



Employment History:

List your current or most recent employer first.

Name of Employer:	Supervisor:
Address:	Dates Employed:
City, State:	From (mo/yr) To (mo/yr)
Position:	Hourly Rate/Salary
	Beginning \$ Final \$
Duties:	Reason for Leaving/Wishing to Leave:

Name of Employer:	Supervisor:
Address:	Dates Employed:
City, State:	From (mo/yr) To (mo/yr)
Position:	Hourly Rate/Salary
	Beginning \$ Final \$
Duties:	Reason for Leaving/Wishing to Leave:

Name of Employer:	Supervisor:
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Name of Employer:	Supervisor:
Address:	Dates Employed:
City, State:	From (mo/yr) To (mo/yr)
Position:	Hourly Rate/Salary
	Beginning \$ Final \$
Duties:	Reason for Leaving/Wishing to Leave:

References: (Three Persons Not Related to You)

Name	Address	Telephone	Relationship

Current Hobbies, Interests, or Favorite Recreation:

May we call your current employer? _____ Yes _____ No

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

Please Read The Following Before Signing Application:

- 1) I certify that the answers given herein are true and complete to the best of my knowledge.
- 2) I authorize investigation of all statements contained in this employment application and additional background investigation as may be necessary in arriving at an employment decision.
- 3) 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 rules and regulations of the employer.
- 4) I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.
- 5) I understand that upon offer of employment, I will be required to submit to a pre-employment drug screening and criminal background check.
- 6) I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.
- 7) I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment

Signature	Date
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