



Dennis Benningfield  
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 & Server 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:
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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: From (mo/yr)                      To (mo/yr)
City, State:	Hourly Rate/Salary Beginning \$                      Final \$
<b>Position:</b>	Reason for Leaving/Wishing to Leave:
Duties:	

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

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

References: (Three Persons Not Related to You)

Name	Address	Telephone	Relationship

Current Hobbies, Interests, or Favorite Recreation:

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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