



**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth, pregnancy/child birth related medical conditions age, or disability or any other protected class. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process contact our business office at 606-864-2103.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking:    Full-time        Part-time        Temporary        employment?

When are you available to start work? \_\_\_\_\_

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever applied here before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Were you ever employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of any law violation (except a minor traffic violation)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, give details _____			
(A "Yes" answer does not automatically disqualify you from employment. The city complies with the federal Fair Credit Reporting Act (FCRA), federal and state equal employment opportunity laws and			

all other applicable legal authority that affects the performing of pre-employment background checks, including KRS 335B, which requires that only convictions which directly relates to the position of employment sought will be considered, as well as the nature and seriousness of the crime and the relationship of the crime to the ability, capacity and fitness required to perform the duties and discharge the responsibilities of the position.)

Are you now or do you expect to be engaged in any other business or employment? Yes  No

If yes, please explain \_\_\_\_\_

For Positions Requiring the Operation of a Motor Vehicle **Only**: Do you have a valid driver's license?

Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years? Yes  No

If yes, give details \_\_\_\_\_

**EDUCATION**

List Name and Address of Schools High School or GED: _____ _____ _____	Number of Years Completed	Diploma/ Degree / Certificate
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____		

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying? \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (Attach an additional sheet if necessary)  
(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

**MILITARY RECORD**

Branch of U.S. Military Service from (month/year) to (month/year): \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Military Occupation Specialty and/or Major Duties: \_\_\_\_\_

Honors or Awards: \_\_\_\_\_

**WORK HISTORY**

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer:

Supervisor:

Address:

Employed:

From (mo/yr)

/ To (mo/yr)

City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	

**REFERENCES**

Have you worked or attended school under any other names?

Yes

No

If yes, give names: \_\_\_\_\_

Are you presently employed?

Yes

No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired or asked to resign?

Yes

No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone

## AFFIDAVIT

### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

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.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

**I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the London Utility Commission is of an "at-will" nature, which means that either the employee may terminate the employment relationship at any time, with or without cause or advance notice.**

I understand that before beginning employment I must pass a preemployment drug test and any other applicable testing or background check for the position. I understand that the London Utility Commission complies with the federal Fair Credit Reporting Act (FCRA), federal and state equal employment opportunity laws and all other applicable legal authority that affects the performing of pre-employment background checks, including KRS 335B, which requires that only criminal convictions which directly relate to the position of employment sought will be considered.

I understand that this application is the property of the employing London Utility Commission. This application must be signed and dated below before I will receive consideration for employment.

I have read, understand, and by my signature consent to these statements.

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

This application for employment will remain active for a limited time. Ask the Administrative Office for details.