

City of Erlanger

505 Commonwealth Ave.
Erlanger, Kentucky 41018-0818
(859) 727-2525



Application For Employment

City of Erlanger is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print or Type)
Use blue or black ink

Date of Application _____

Position Applied For _____

Salary Desired _____ Minimum Acceptable Salary _____

How did you hear of us? _____ (Radio, TV, Newspaper, or Other)

Full Name

Last

First

Middle

Maiden

Address

Number

Street

City

County

State

Postal

Telephone (____) ____-____

Social Security Number ____-____-____

Other Phone (____) ____-____

Are you at least 18 years old? Yes No

Have you filed an application with City of Erlanger before? Yes Date(s) _____ No

Have you ever been employed by City of Erlanger previously? Yes No

If yes, please provide the following: email address: _____

Date(s) employed _____ Department _____

Are you employed now? Yes No May we contact your present employer? Yes No

Does your citizenship or immigration status lawfully allow you to be employed in this country?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? _____

(Circle response)

Time Basis You Would Accept - Full-time Part-time Temporary

Shifts You Would Accept - Days Nights Evenings Weekends On Call

EMPLOYMENT HISTORY

Starting with the **most recent** position, list below the names of ALL former employer(s) for the last 15 years. If you had more than one position with the same employer, list each separately. Include military service assignments and volunteer activities. Exclude statements, which indicate race, color, religion, sex, national origin, or disability.

Are you attaching a copy of your resume as part of your application? Yes No

Employment Data	Responsibilities and Accomplishments
(1) Employer	
Address	
Phone	
Job Title	
Full-Time or Part-Time Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Employment Data	Responsibilities and Accomplishments
(2) Employer	
Address	
Phone	
Job Title	
Full-Time or Part-Time Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Employment Data	Responsibilities and Accomplishments
(3) Employer	
Address	
Phone	
Job Title	
Full-Time or Part-Time Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

EMPLOYMENT HISTORY (Continued)**Employment Data****Responsibilities and Accomplishments**

(4) Employer	
Address	
Phone	
Job Title	
Full-Time or Part-Time Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Employment Data**Responsibilities and Accomplishments**

(5) Employer	
Address	
Phone	
Job Title	
Full-Time or Part-Time Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Employment Data**Responsibilities and Accomplishments**

(6) Employer	
Address	
Phone	
Job Title	
Full-Time or Part-Time Hours per week	
Dates Employed	
Final Hourly Rate/Salary	
Supervisor	
Reason for Leaving	

Special Qualifications and Skills

Type of License, Registration Number or Certification	State or Licensing Authority	Expiration Date

What machines and/or equipment can you operate? _____

Computer equipment, software or word processing packages used? _____

Do you have a valid driver's license? No Yes Expiration date: _____ # _____

Do you currently operate a licensed motorized vehicle? Yes No

Education and Training

Schools	Print Name, Number & Street City, State, Zip Code for each	Dates Attended	Type of Courses Major-Minor	Credits Earned	Degree Obtained
High School or G.E.D.					
College					
College					
Graduate School					
Technical School					
Trade, Business, Night or other.					
Apprenticeship	Type:			Length:	

Honors Received: _____

Other Qualifications: (State any additional information you feel may be helpful to us in considering your application). _____

References

List Four full professional references not related to you.

Name	Address	Telephone

(Criminal Records Verifications are conducted – should you be unsure visit your local police department and request a copy of your records.)

Have you ever been convicted of a felony? Yes No

If yes, please explain giving dates, location(s), and complete name at the time. _____

For employees related by blood or marriage to work at the City of Erlanger in the same department or division, we require specific approval of the Mayor as appropriate. Also, in most cases where we employ you and a person related to you by blood or marriage, neither of you can have supervisory or line authority over the other.

Do you have any relatives employed by the City of Erlanger? Yes No

If yes, provide the following:

Name _____ Relationship _____

Department Employed by _____ Job Title _____

AGREEMENT

I CERTIFY THAT ALL ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE TRUE, AND I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS AND/OR OMISSION IN THIS APPLICATION WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THE APPLICATION, OR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

I AUTHORIZE THE CITY OF ERLANGER TO MAKE ANY AND ALL-NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN, INCLUDING CRIMINAL RECORDS, EDUCATIONAL CREDENTIALS AND WORK EXPERIENCE CHECKS. REFERENCES OBTAINED ARE DONE SO IN CONFIDENCE AND I UNDERSTAND THAT MY RIGHTS TO REVIEW ANY REFERENCE MATERIAL IS WAIVED.

I ALSO UNDERSTAND THAT IN SOME CIRCUMSTANCES, I WILL BE REQUIRED TO ENROLL AND PARTICIPATE IN AN APPROPRIATE KENTUCKY RETIREMENT PLAN IMMEDIATELY FROM POINT OF EMPLOYMENT IN A REGULAR STATUS POSITION – FAILURE TO DO SO SHALL RESULT IN TERMINATION OF EMPLOYMENT.

PRIOR TO EMPLOYMENT, I MUST PROVIDE INFORMATION RELATED TO IDENTITY AND EMPLOYABILITY. FAILURE TO PROVIDE APPROPRIATE DOCUMENTATION FOR VERIFICATION OF EMPLOYMENT ELIGIBILITY SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT AND/OR ANY OFFER OF EMPLOYMENT.

*I UNDERSTAND THAT CITY OF ERLANGER POLICY PROVIDES ALL NEWLY HIRED EMPLOYEES WITH A SIX-MONTH INTRODUCTORY PERIOD (NOT INCLUDING TIME OFF WORK) THAT GIVES THE EMPLOYEE AND EMPLOYER AN OPPORTUNITY TO MUTUALLY DECIDE WHETHER OR NOT THE FUNCTIONS AND RESPONSIBILITIES OF THE NEW POSITION ARE A SATISFACTORY FIT WITH THE TALENTS AND SKILLS THE NEW EMPLOYEE BRINGS TO KCTCS. I FURTHER UNDERSTAND AND AGREE THAT DURING THIS INITIAL SIX-MONTH PERIOD I MAY DECIDE TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH NO CAUSE OR EXPLANATION REQUIRED, AND I UNDERSTAND THAT CITY OF ERLANGER HAS THAT SAME RIGHT. ONCE I HAVE SUCCESSFULLY COMPLETED THE INTRODUCTORY PERIOD, I SHALL BE CONSIDERED BY THE CITY OF ERLANGER TO HAVE EARNED **CONTINUED EMPLOYMENT STATUS**.*

Signature of Applicant

Date

THE CITY OF ERLANGER IS AN EQUAL OPPORTUNITY EMPLOYER