

EMPLOYMENT HISTORY

Start with your present or last job. List all employers. If adequate room is not provided, attach another sheet. It is suggested you submit a resume and letters of reference from each employer with your application to provide further detail of your experience. In the event you are considered for hire, your providing letters of reference may expedite the process. The City reserves the right to contact any of your employers, current or previous, if you become a potential candidate for the position. Your signature on this application authorizes us to contact all employers. FAILURE TO COMPLETE ALL OF THE BELOW INFORMATION, IN A LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.

Employer: (List your last name during this employment if different)															Dates Worked:														
															From					To									
Address and City, State ZIP															Starting Salary: \$					Per									
Job Title															Final Salary: \$					Per									
How long were you in this position? From															To					Primary Duties:									
Department					Supervisor					Daytime Phone No. () -																			
Were you Full Time? Yes No					Part time? Yes No					Temporary? Yes No					Contracted? Yes No														
Did you Voluntarily leave employment? Yes No															Were you discharged for disciplinary reasons? Yes No														
Comments, if applicable (No medical information, please):																													

Employer: (List your last name during this employment if different)															Dates Worked:														
															From					To									
Address and City, State ZIP															Starting Salary: \$					Per									
Job Title															Final Salary: \$					Per									
How long were you in this position? From															To					Primary Duties:									
Department					Supervisor					Daytime Phone No. () -																			
Were you Full Time? Yes No					Part time? Yes No					Temporary? Yes No					Contracted? Yes No														
Did you Voluntarily leave employment? Yes No															Were you discharged for disciplinary reasons? Yes No														
Comments, if applicable (No medical information, please):																													

Employer: (List your last name during this employment if different)															Dates Worked:														
															From					To									
Address and City, State ZIP															Starting Salary: \$					Per									
Job Title															Final Salary: \$					Per									
How long were you in this position? From															To					Primary Duties:									
Department					Supervisor					Daytime Phone No. () -																			
Were you Full Time? Yes No					Part time? Yes No					Temporary? Yes No					Contracted? Yes No														
Did you Voluntarily leave employment? Yes No															Were you discharged for disciplinary reasons? Yes No														
Comments, if applicable (No medical information, please):																													

REFERENCES: ASSOCIATIONS WITH EMPLOYEES, ETC.

Give name, address, and telephone number of three references **WHO ARE NOT RELATED TO YOU** and are not previous employers. **It is suggested you provide 3 letters of reference with your application** (as this may help expedite the hiring process). **FAILURE TO PROVIDE ALL OF THE BELOW INFORMATION, IN LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.**

Name	Address, City, State and Zip Code	Daytime Phone Number																		
		()																
		()																
		()																

Do you have any relatives presently employed by the City of Owensboro? Yes ___ No ___

Do you have any relatives currently in elected office in City government or are members of the Civil Service Commission? Yes ___ No ___

If Yes to the above questions, please list their names, department in which working, and relationship to you.

DRIVERS LICENSE AND OTHER PERTINENT INFORMATION

Do you have a valid driver's license?	Yes	No	Name of State	License #
Do you have a valid Commercial Driver's License?	Yes	No	Class/Endorsement:	

Are you able to perform the essential functions of the position for which you are applying with or without accommodation? Yes ___ No ___

As part of our selection procedure, pre-employment examinations are commonly used, particularly for full time positions (exams may be written, oral, skills, etc.). Applicants may request accommodations, when necessary (e.g., the need for a Spanish interpreter, exam in braille or audio format, table at certain height for wheelchair access, etc.). The City will provide reasonable accommodation as required by applicable law. **NOTE: To be considered for reasonable accommodations, the applicant must contact the City of Owensboro Personnel Department at (270) 687-8543, (270) 687-8540, or toll-free at (888) 616-8540 at least two weeks prior to the exam or other event in which accommodation is needed. Also, the applicant may be required to submit evidence supporting the need for accommodation (e.g., verification of disability from health care provider, etc.).**

Are you age 18 or older? Yes ___ No ___ (If no, signature of parent required on last page)

If applying for police officer or firefighter, are you age 21 or older? Yes ___ No ___ If not, when will you turn age 21? _____

Have you, since the age of 18, ever been convicted of a felony or misdemeanor? (Conviction does not necessarily mean you will be removed from further consideration.)

Yes ___ No ___ If yes, please give dates and an explanation: _____

Can you provide documentation verifying you are legally eligible for employment in the U.S. ? Yes ___ No ___

If you are not a U.S. Citizen, do you have a permanent VISA? Yes ___ No ___

Are you currently eligible to work in the United States without sponsorship for a temporary VISA? Yes ___ No ___

MILITARY

Have you served in the Military? Yes ___ No ___ Branch of Service _____

Date Entered _____ Date Discharged _____ Final Rank _____

Did you receive an Honorable Discharge? Yes ___ No ___ What were your Primary Duties? _____

Note: Any honorably discharged member of the military service who is an applicant for any municipal civil service position, and is a registered voter of Daviess County, and receives a passing score, shall be entitled to a five percent (5%) increase on his/her examination score. IN ORDER TO RECEIVE THE ADDITIONAL POINTS, COPY OF DD214 AND EVIDENCE OF DAVIESS COUNTY VOTER REGISTRATION MUST BE ATTACHED TO THIS APPLICATION. (Does not apply to Police/Fire positions.)

JOB RELATED ACTIVITIES/ACHIEVEMENTS/CERTIFICATIONS: List professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status), and also other Achievements, Honors, Training, Skills, Licenses, Registrations, or Certifications (e.g., Adult or Child CPR, First Aid, Lifesaving, Water, Safety Instructor, Leisure Professional, CDL, CPA, PE, CNE, CNA, EMT, RN, LN, LINK/NCIC, Land Surveyor, Pesticide, Notary Public, etc.).

APPLICANT'S STATEMENT

I understand, if accepted for employment in a position classified under civil service, or for any full time position in the Police or Fire Department, that I must serve a probationary period of one (1) year, or for some position(s), 18 months. I understand the City reserves the right to extend my probation beyond one year, or 18 months if applicable, in accordance with applicable law. If accepted for employment in a temporary or part time position, a non-civil service position, or any position on probationary status, I understand my employment will be completely "At Will" unless otherwise governed by applicable law. I understand that unless otherwise defined by applicable law, any probationary or other employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized body of this organization. Furthermore, I understand that merely being employed more than one year (or 18 months, if applicable) does not indicate that a person has satisfactorily completed his/her probationary period. Until the appointing authority approves a regular appointment, the probationary status remains in effect. I understand, if accepted for employment, that this application does not constitute an employment contract, express or implied, nor a guarantee of continued employment. An individual's employment and compensation can be terminated, with or without cause, at any time, at the option of either the City of Owensboro or the employee, in accordance to personnel policy and applicable law. No supervisor or representative of the City of Owensboro, other than the City Commission, has the authority to enter into any agreement for employment for any specified period of time or to modify an agreement for employment at any time in a manner inconsistent with the above. I understand that if I am found to be eligible for employment, that the City of Owensboro is not obligated to employ me.

I agree to submit to and satisfactorily complete the following examinations/evaluations, when required, and understand that such requirements will be conducted by a qualified party of the City's choosing: drug screen, physical examination, psychological evaluation, physical agility examination, and any other necessary examination or evaluation. I also agree to submit to reexaminations or reevaluations when required. I authorize the release of any medical information to the City of Owensboro. I understand and acknowledge that I will forever release and hold harmless from any and all liability the City of Owensboro or any party(ies) for injuries or illness which result from the physical examination, physical agility test, or any other requirement of the employment process. I hereby release liability, relinquish, and waive any and all claims against the City of Owensboro or any other involved party(ies) and will hold such harmless and will file no suit against the City of Owensboro or any other involved party(ies). I authorize the City and/or its chosen representative to investigate all information necessary to reach an employment decision. I hereby authorize all persons, schools, current and previous employers, current and previous neighbors/acquaintances/family members (for certain positions), and organizations named in this application, accompanying attachments, resume, or obtained through any other information supplied orally or in writing, to release to the City of Owensboro or its chosen representative all information necessary to reach an employment decision. Such information may include, but is not limited to, my employment background, job performance, driving record, safety record, attendance record, character, personal characteristics, general reputation, criminal history, educational background, ability, accident history, alcohol and controlled substance testing and training records, and any other information necessary to arrive at an employment decision. When required, I agree to participate and satisfactorily complete, in accordance with applicable law, a polygraph examination and any other assessment, examination, or evaluation necessary to reach an employment decision. I agree to cooperate in all investigations necessary for the City to reach an employment decision. I hereby release liability, relinquish, and waive any and all claims against the City of Owensboro or any other involved party(ies) and will hold such harmless and will file no suit against the City of Owensboro or any other involved party(ies), with respect to the information supplied or investigations, assessments, examinations, or other evaluations conducted.

If applicable to the position for which I am applying, and/or as required by applicable law, I hereby authorize release of information from my drug and alcohol testing records by my current and/or previous employers listed within this application or any supplements thereto. I understand that information released by my current and/or previous employers may consist of, but is not limited to, the following: alcohol tests with a result of 0.04 or higher; verified positive drug tests; refusals to be tested; violations of DOT agency drug and alcohol testing regulations; information obtained from previous and/or current employers of a drug or alcohol rule violation; documentation, if any, of completion of the return-to-duty process following a rule violation.

I understand that a photocopy of this form shall constitute written authorization for all external and internal sources to obtain or release any information that is necessary to assist the City of Owensboro in reaching an employment decision, the same as if it were the original form. I will forever release and hold harmless from any and all liability any sources which provide information to the City of Owensboro, regardless of the outcome which results from the release of such information. I understand that unless required by applicable law, that I will not be informed of, or provided with, any information or facts developed or obtained through the selection or investigation process.

I assign all my rights in and to any inventions or patents which during my employment I may create or conceive, either alone or with others, in the course of employment or with the use of the time, material or facilities and relating to operation, processes, products or business to the City of Owensboro. I agree to abide by the policies, procedures, and directives of the employer. I acknowledge that such policies, procedures, and directives may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me. I agree with the City of Owensboro to accept and comply with the provisions of the Worker's Compensation Laws and the City's Drugfree Workplace and Drug and Alcohol Testing Policy. I agree to meet any and all requirements as established by the applicable provisions of federal law, the Kentucky Revised Statutes, Owensboro Municipal Code, City of Owensboro policies and procedures, and all other applicable requirements. I understand that any false or omission of answers, statements, or signatures made by me on this application, or any supplement thereto, or any materials in connection with the above-mentioned selection or investigation process, or any materials otherwise required to arrive at an employment decision, will be sufficient grounds for immediate disqualification of consideration for employment, and immediate discharge, if I am employed.

I understand that if employed as a Police Officer or Firefighter that I must reach my 21st birthday prior to being sworn (if applicable) or by other established date. I understand that as required by applicable law, no person may be appointed to probationary status as a Police Officer or Firefighter if he or she is over 50 years of age. I understand that prior to completion of probation, that civil service employees are required to reside within the Commonwealth of Kentucky. I understand that prior to being sworn (which occurs shortly after hire), members of the Police Department are required to reside within the Commonwealth of Kentucky. Failure to adhere to residency requirements may result in disciplinary action, up to termination of employment, at any time, in accordance with applicable law. No employee shall be granted regular status or will be sworn if residency requirements are not met. I acknowledge that I meet the educational/experience requirements as stated within the job advertisement, and understand it is my responsibility to submit evidence of high school diploma or G.E.D. and evidence of any degrees, college hours completed, military service, licenses, certifications, or credentials, when required. I understand that failure to do so may result in disqualification from further consideration, or termination of employment, if employed.

I acknowledge that I have read and fully understand the contents and requirements of this document, and that I have knowingly, intelligently, and voluntarily executed same. I agree to the conditions of this application for employment.

Applicant's Signature (required by all applicants)

Date

Consented voluntarily by:

Parent or Guardian Signature (required for all applicants under 18 years of age)

Date

EEO INFORMATION FORM

The following information is helpful to the City of Owensboro in complying with Federal and State Equal Employment Opportunity reporting and other legal requirements. You are under absolutely no obligation to provide this information.

This invitation to identify yourself as a member of a protected group is subject to the following:

- ◆ This information is voluntarily provided;
- ◆ This information will be kept in a confidential file separate from employment applications or personnel files;
- ◆ Supervisors and managers may be informed regarding job-related work restrictions or accommodations;
- ◆ Refusal to provide the requested information will not subject the employee or applicant to any adverse treatment;
- ◆ This information will be used only in accordance with applicable Federal and State laws and regulations.

DATE: _____

POSITION APPLYING FOR: _____

RACE/ETHNIC GROUP: ___ WHITE
 ___ AFRICAN-AMERICAN
 ___ HISPANIC
 ___ AMERICAN INDIAN/ALASKAN NATIVE
 ___ ASIAN/PACIFIC ISLANDER

GENDER: ___ MALE
 ___ FEMALE

ARE YOU A VIETNAM ERA VETERAN? ___ YES ___ NO

AS PART OF OUR SELECTION PROCESS, IT IS COMMON FOR US TO USE PRE-EMPLOYMENT EXAMINATIONS (WRITTEN, ORAL, SKILLS, ETC.), INTERVIEWS, ETC.. APPLICANTS MAY REQUEST ACCOMMODATIONS WHEN NECESSARY (E.G., THE NEED FOR A SPANISH INTERPRETOR, EXAM IN BRAILLE OR AUDIO FORMAT, CERTAIN HEIGHT LEVEL FOR TABLE FOR WHEELCHAIR ACCESS, ETC.). THE CITY WILL PROVIDE REASONABLE ACCOMMODATIONS AS REQUIRED BY LAW. **NOTE: TO BE CONSIDERED FOR REASONABLE ACCOMMODATIONS, THE APPLICANT MUST CONTACT THE CITY OF OWENSBORO PERSONNEL DEPARTMENT AT (270) 687-8543, (270) 687-8540, OR TOLL-FREE AT (888) 616-8540 AT LEAST TWO WEEKS PRIOR TO THE EXAM OR OTHER EVENT IN WHICH ACCOMMODATION IS NEEDED. ALSO, APPLICANT MAY BE REQUIRED TO SUBMIT EVIDENCE SUPPORTING THE NEED FOR ACCOMMODATION (E.G., VERIFICATION OF DISABILITY FROM HEALTH CARE PROVIDER, ETC.).**