

— INSTRUCTIONS —
 Answer each item completely and accurately. Incomplete answers may cause delays. False answers will remove your application from consideration.

CITY OF BOWLING GREEN
 (AN EQUAL OPPORTUNITY EMPLOYER)
APPLICATION FOR EMPLOYMENT

RETURN TO: HUMAN RESOURCES DEPARTMENT
 P.O. BOX 430
 BOWLING GREEN, KY 42102

Position(s) Applied For _____

Full Legal Name _____ Social Security Number _____

Home Address _____
 Last First Middle Home Phone Business/Cell Phone

(ENTER ONLY IF WE MAY CONTACT YOU AT THIS NUMBER)

CITY STATE ZIP

County of legal residence _____

EMAIL _____

Mailing Address (If different from above) _____
 CITY STATE ZIP

EDUCATION		If you did not graduate from high school, do you have a high school equivalency diploma?				If "Yes", give date received:			
NAME AND LOCATION OF LAST SCHOOL ATTENDED ELEMENTARY, JUNIOR HIGH OR HIGH SCHOOL		HIGHEST GRADE COMPLETED		Yes <input type="checkbox"/> No <input type="checkbox"/>		Check type:			
NAME OF SCHOOL						<input type="checkbox"/> GED <input type="checkbox"/> UASFI <input type="checkbox"/> Other			
LOCATION									
COLLEGE OR UNIVERSITY		DATES ATTENDED		CREDITS		MAJOR		TYPE OF DEGREE	
NAME AND LOCATION		FROM	TO	SEM./QTR.	HRS.	AND/OR SPECIALTY	MINOR	OR CERTIFICATE AND DATE	
NAME OF SCHOOL									
LOCATION									
NAME OF SCHOOL									
LOCATION									
NAME OF SCHOOL									
LOCATION									

Describe any Business, Secretarial, Vocational, Technical, Military or Correspondence courses you have completed. Give dates and number of hours and certificates received, if any, include any license (other than driver's license), certificate or authorization to practice a trade or profession.

MILITARY SERVICE: Complete the following (Leave blank if not appropriate)

Branch of Service _____ Date of Entry _____

Date of Separation _____ Nature of Discharge _____

Indicate Reserve or National Guard Status, if any _____

WORK HOURS, CONDITIONS, & AVAILABILITY: Indicate type of employment that you would accept:

_____ Full-time _____ Part-time (hours desired: _____)

_____ Temporary, from _____ to _____

Indicate any days of the week or time periods that you are **not** available for work: _____

Are you willing to work overtime? _____

On what date would you be available to start work? (It is understood that you must give adequate notice if you are presently employed.)

What is the minimum salary that you will accept?

\$ _____ (Month) _____ (Day) _____ (Year)

EMPLOYMENT RECORD

- **Give complete record of employment history** including part-time work, military service & volunteer service.
- **Start with your present or most recent position and work back.** Account for all periods of unemployment.
- **Describe your duties & responsibilities in each position thoroughly** so that your experience may be evaluated fairly.
- **Provide complete names & mailing address of any out-of-town employers, as employment records are checked,** particularly when jobs relate to the position(s) applied for.
- Additional experience forms are available upon request. Letters of recommendation & copies of certificates, diplomas, etc., verifying qualifications may be attached.

MOST RECENT

DATE OF EMPLOYMENT _____ TO _____ (MONTH-YEAR) (MONTH-YEAR) FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> IF PART TIME HOURS PER WEEK _____	NAME & ADDRESS OF EMPLOYING FIRM: _____ _____ TELEPHONE NUMBER _____	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____ _____ SALARY: STARTING _____ FINAL _____ MACHINES & EQUIPMENT USED _____
LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD		
REASON FOR LEAVING		
DATE OF EMPLOYMENT _____ TO _____ (MONTH-YEAR) (MONTH-YEAR) FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> IF PART TIME HOURS PER WEEK _____	NAME & ADDRESS OF EMPLOYING FIRM: _____ _____ TELEPHONE NUMBER _____	NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR: _____ _____ SALARY: STARTING _____ FINAL _____ MACHINES & EQUIPMENT USED _____
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LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD		
REASON FOR LEAVING		

EXPLAIN ANY "YES" ANSWERS TO QUESTIONS 1 - 4 BELOW:	(Check One) Yes / No	
1. Have you ever been employed by the City of Bowling Green? (If yes, indicate the years and department)		
2. Do you have any relatives currently working for the City? (If yes, indicate below his/her name, your relationship, and department in which he/she works)		
3. Have you been convicted of any law violations, including moving traffic violations, since you turned 21? (If yes, state nature of violation, year it occurred, and locality in which it occurred)		
4. Have you ever been dismissed or forced to resign from a job?		
EXPLAIN ANY "NO" ANSWERS TO QUESTIONS 5- 7 BELOW:		
5. Can you provide your own transportation if required by the job?		
6. Are you a U.S. citizen, or do you have a work permit issued by the federal government?		
7. May we contact your present (or last) employer for reference?		

EXPLANATION OF ANSWERS TO QUESTIONS 1 - 7 (refer to question number):

List three persons not related to you who know your qualifications or who know your character.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBERS
		WORK
		HOME
		WORK
		HOME
		WORK
		HOME

Are there any particular experiences, skills, or qualifications which you feel would especially fit you for work with the City in the position(s) for which you have applied?

The facts set forth in my application for employment are true and complete; I understand that false statements on this application may be considered to be sufficient cause for disqualification, or if employed, dismissal. The City is hereby authorized to make any investigation of my personal history, police, employment, and financial records. I understand that only information pertinent to the position(s) for which I am applying will be considered in making an employment decision, and that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature, scope, and result of any investigation. I also understand that the City reserves the right to require a medical Doctor's examination upon employment, as well as periodic examinations during employment, and that results satisfactory to the City would be required for continued employment.

Date _____ Signature of Applicant _____

DO NOT WRITE ON THIS PAGE - FOR OFFICE USE ONLY
FOR INTERVIEWER'S USE

DATE	NOTES OF CONTACTS — COMMENTS	
<p>Interviewed by: _____ Date: _____</p> <p>_____</p> <p>_____</p>		
<p>Copy of Application Given To: _____ Date: _____</p> <p>_____</p> <p>_____</p>		

TEST ADMINISTERED	DATE	SCORE	RATING	COMMENTS AND INTERPRETATION

REFERENCE CHECKS

<p>Selective Service No.</p>	

OTHER

Applicant: Please Read These Instructions Before Answering Any Questions On This Card.

This information is requested by the City of Bowling Green in an effort to accumulate information necessary to evaluate the City's recruitment program as required by the Equal Employment Opportunity Act of 1972, Section 709, paragraph C. Since Federal, State and local law prohibits discrimination in employment practices because of sex, age, race, color, religion, or national origin, THIS INFORMATION WILL NOT BE USED TO DETERMINE EMPLOYMENT.

1. Full Name _____
Last First Middle
2. Social Security Number _____ 3. Date of Birth _____
4. Present Address _____

5. Permanent Address (if different from present address) _____

6. Are you a resident of Kentucky? Yes_ No_ (Indicate State of Residency) _____
7. Are you a resident fo Warren County? Yes _____ No _____ (Indicate County of Residency) _____
8. Sex: Male _____ Female _____
9. National Origin: United States _____ Non-United States (Please Specify) _____
10. Race: White _____ Black _____ Hispanic _____ Asian _____ American Indian _____ Other _____
11. Are you a veteran? Yes _____ No _____
12. Please indicate your source of information concerning this job:
Newspaper Ad _____ State Job Service _____ NAACP/Human Rights _____ City Personnel Office _____ City Employee _____
Internet _____ Other (Please Specify) _____
13. Position(s) for which you are applying? _____
_____ Date _____