

— 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 \_\_\_\_\_

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

<b>EDUCATION</b>		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		Check type:	
NAME OF SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> GED <input type="checkbox"/> UASFI	
LOCATION				<input type="checkbox"/> Other	

COLLEGE OR UNIVERSITY NAME AND LOCATION	DATES ATTENDED		CREDITS		MAJOR AND/OR SPECIALTY	MINOR	TYPE OF DEGREE OR CERTIFICATE AND DATE
	FROM	TO	SEM./QTR.	HRS.			
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?		
<b>EXPLAIN ANY "NO" ANSWERS TO QUESTIONS 5- 7 BELOW:</b>		
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):

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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?

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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
Interviewed by: _____ _____ _____	Date: _____ _____ _____
Copy of Application Given To: _____ _____ _____	Date: _____ _____ _____

TEST ADMINISTERED	DATE	SCORE	RATING	COMMENTS AND INTERPRETATION

**REFERENCE CHECKS**

Selective Service No.	

**OTHER**

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