



**APPLICATION FOR EMPLOYMENT**  
(Please print all information except signature)

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This application is not an employment contract but merely is intended to evaluate suitability for employment. It is the policy of the City to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status and any other legally protected status under state and federal law. It is also the policy of the City to have the option of conducting pre-employment screenings before a job offer is made.

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Position Desired: \_\_\_\_\_ [ ] Part time [ ] Full time Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print) Last First Middle

Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Present Address: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
Street and Number City State Zip Years Months

Previous Address: \_\_\_\_\_ How long did you live there? \_\_\_\_\_  
Street and Number City State Zip Years Months

Have you ever worked for this City before? [ ] Yes [ ] No

If Yes, please give dates and position(s) held: \_\_\_\_\_

**POLICE APPLICANTS ONLY - PLEASE CHECK THE FOLLOWING THAT APPLIES:**

\_\_\_\_ An associate degree from an accredited college or equivalent (62 semester hours/93 quarter hours)

\_\_\_\_ A minimum of two years military duty

\_\_\_\_ A minimum of three years of full-time employment

**Record of Previous Employment**

Please list the names of your present and previous employers in chronological order with the present, or most recent, employer first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give the name of the firm or business and supply business references. Use additional pages if needed.

<u>Present or Most Recent Employer</u> <hr/> Name of City or firm <hr/> Address <hr/> City, State, Zip Code <hr/> Area Code and Telephone	<u>Position or Title</u> <hr/> Name and Title of last supervisor	<u>Reason for Leaving</u>
<u>Previous Employer</u> <hr/> Name of City or firm <hr/> Address <hr/> City, State, Zip Code <hr/> Area Code and Telephone	<u>Position or Title</u> <hr/> Name and Title of last supervisor	<u>Reason for Leaving</u>
<u>Previous Employer</u> <hr/> Name of City or firm <hr/> Address <hr/> City, State, Zip Code <hr/> Area Code and Telephone	<u>Position or Title</u> <hr/> Name and Title of last supervisor	<u>Reason for Leaving</u>
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<u>Previous Employer</u> <hr/> Name of City or firm <hr/> Address <hr/> City, State, Zip Code <hr/> Area Code and Telephone	<u>Position or Title</u> <hr/> Name and Title of last supervisor	<u>Reason for Leaving</u>

Have you ever been terminated or asked to resign from any job?  Yes  No

If Yes, please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer?  Yes  No. If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please indicate any actual experience, special training or qualification that you have that you feel is relevant to the position for which you are applying: \_\_\_\_\_

Have you ever used another name?  Yes  No

If so, what other names? \_\_\_\_\_

Is any additional information relative to any change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational records?  Yes  No

If Yes, please explain: \_\_\_\_\_

If hired, can you provide proof that you are authorized to work in the United States on an unrestricted basis?  Yes  No.

If hired, can you provide proof that you are over 18 years of age?  Yes  No

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? (Please review the attached job description.)

Yes  No.

Do you have a valid driver's license? Yes No

### Education

School Name	Years Completed (select one)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade/Correspondence:				
Other:				

### Personal References

Please list at least three persons who know you well – *not* previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

I certify that all of the information that I have provided on this application is true and accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## Applicant's Statement & Agreement

Work Rules. In the event of my employment with the City of Florence, I agree to comply with all rules and regulations of the City of Florence.

Drug/Alcohol Test. I understand that the City of Florence reserves the right to require me to submit to a test for the presence of drugs and/or alcohol in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to City of Florence. I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

Background Investigation. I understand that the City of Florence's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

Status of Employment. If hired, I further agree as follows: For the duration of the applicable period of probation as an employee of the Police Department or the Fire/Emergency Medical Services Department, my employment and compensation are terminable at will, and my employment and compensation may be terminated by City of Florence (employer) at any time and for any reason whatsoever, with or without good cause at the option of either City of Florence or myself. Only after successful completion of the applicable period of probation will I attain the status of Member of the Police Department or Fire/Emergency Medical Services Department, and be entitled to have discipline, or termination of my employment, governed by the provisions of KRS 95.450. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the Mayor of the City of Florence. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and the City of Florence.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this agreement, please ask a City representative before signing.

*I hereby acknowledge that I have read the above statements and agreements and understand the same.*

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant