

CITY OF GLASGOW

APPLICATION FOR EMPLOYMENT

REVISED 12/17/13

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME
LAST FIRST MIDDLE

PRESENT ADDRESS
STREET CITY STATE ZIP

PERMANENT ADDRESS
STREET CITY STATE ZIP

PHONE NUMBER _____ E-MAIL ADDRESS: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

FIREFIGHTER & POLICE OFFICER APPLICANTS MUST BE 21 YEARS OF AGE OR OLDER

The City of Glasgow is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME, PHONE #, ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME & PHONE #	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE
OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE

REMARKS:

NEATNESS ABILITY

HIRED: YES NO POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. 2.

DEPARTMENT HEAD

MAYOR

CITY OF GLASGOW

APPLICATION FOR EMPLOYMENT

PLEASE INITIAL BOXES AND SIGN BELOW

Please note that this job description is not designed to cover or contain a comprehensive listing of activities, duties, or responsibilities that are required of the employee for this job. Duties, responsibilities, and activities may change at any time with or without notice.

This application for employment is good for 90 days unless otherwise noted. Consideration for employment after 90 days shall require a new application.

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I understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the City of Glasgow may terminate my employment at any time with or without notice or cause within the rules of Kentucky Revised Statutes. I understand that if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

SIGNATURE

DATE

I hereby certify that the acts set forth in the attached employment application are true and complete to the best of my knowledge and authorize the City of Glasgow to verify their accuracy and to obtain reference information on my work performance, I hereby release the City of Glasgow from any/all liability of whatever kind and nature which at any time could result from obtaining and having an employment decision based on such information.

SIGNATURE

DATE

Reasonable Accommodations

Should you have a disability, we will provide a reasonable accommodation to complete the application process upon request by contacting City Hall at 270-651-5131.