City of Lexington

www.cityoflex.com

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, disability, or any other legally protected status. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

(PLEASE PRINT PLAINLY)

Personal

Position(s) Applied For	Date of Application
How Did You Learn About Us?	

Last Name	First Name	Middle Name	
Present Address	City	State	ZIP Code
Permanent Address	City	State	ZIP Code

Telephone Number(s)	Cell Phone	Other number or way to contact you
Email Address	Social Security Number	Are you 16 years of age or older? ☐ Yes ☐ No

Driver's license number if driving is an essential job function _____ State _____

Have you ever filed an application with us before? If yes, date & position _____ ☐ Yes ☐ No

Have you ever been employed here before? If yes, give dates & positions _____ ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ☐ Yes ☐ No
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

If "yes," please provide date(s) and details _____

List 3 Personal References (professional relationship suggested) who are not related to you and are not previous employers.		
Name, Occupation and Relationship	**Address**	**Phone Number**

Education

	High School	Undergraduate College/University	Graduate
School Name/Location			
Years Completed (circle) or check	9 ☐ 10 ☐ 11 ☐ 12 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐	1 ☐ 2 ☐ 3 ☐ 4 ☐
Diploma/Degree			
Describe course of study			
Additional Education Information (Honors, Specialized Training and Activities)			

Schedule/General

Type of employment desired: ☐ Full Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Date available for work: _____/_____/_____ Total hours available per week _____ Desired salary range? $_____

List any extracurricular activities that might affect your schedule _____

Regarding your personality, what do you like best about yourself and what do you like least about yourself? _____

_____

How can you improve this organization with your talents? _____

_____

_____

Employment Experience

Are you presently employed? ☐ Yes ☐ No   If yes, may we contact this employer? ☐ Yes ☐ No

If not employed, how long have you been unemployed? _________ Years __________ Months

How many jobs have you had in the past 5 years? _____________

Did you ever leave a job because you might have been fired if you did not quit? ☐ Yes ☐ No

If yes, which jobs? ____

In the past 5 years, how many times have you been fired or asked to resign? _________

Please explain each situation ____

Employment History

Start with your present or last job, and list in consecutive order the last four previous jobs held. Account for any time during this period that you were unemployed by stating the nature of your activities. Include any job-related military assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, sex, national origin, disability or other protected status.

Employer		Dates Employed		Work Performed (Include promotions & achievements)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Total number of hours worked weekly __________		References Checked by: _________

Employer		Dates Employed		Work Performed (Include promotions & achievements)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Total number of hours worked weekly __________		References Checked by: _________

Employer		Dates Employed		Work Performed (Include promotions & achievements)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Total number of hours worked weekly __________		References Checked by: _________

Employer		Dates Employed		Work Performed (Include promotions & achievements)
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		Total number of hours worked weekly __________		References Checked by: _________

Please identify any other jobs, part-time and full-time, you have held in the past five years.

Applicant's Statement

I certify that the answers given herein are true and complete and correct to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including current and past employment, and education. I release from liability all persons, companies, corporations, public agencies, licensing authorities and educational institutions supplying that information. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The City of Lexington 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 executive of this organization. I understand that nothing contained in the employment application or in the granting of an interview is intended to create a contract between The City of Lexington and myself for either employment or for the providing of any benefit arising from employment. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's chief administrative officer. I understand that any falsification or omission of information given in my application or interview(s) is grounds to cancel further consideration of this application or, if employed, immediate dismissal, whenever it is discovered. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I also understand that I am required to abide by all rules and regulations of the employer. If submitting the application electronically, I agree a typed name is a valid substitute for a written signature.

Date ________________________ Signature of Applicant ____