



**APPLICATION FOR EMPLOYMENT  
CITY OF MAYSVILLE**

THE CITY OF MAYSVILLE IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION, OR MILITARY OR VETERAN STATUS.

If you need an accommodation in order to complete this application or any part of the hiring and employment process, please call the following number: (606) 564-2712.

**PERSONAL INFORMATION**

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_ Apt/Suite  
Street Address  
\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ DESIRED PAY: \$ \_\_\_\_\_  HOURLY  SALARY

POSITION APPLIED FOR: \_\_\_\_\_

EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  SEASONAL

AVAILABILITY:  EVENINGS  WEEKENDS  HOLIDAYS

IF PART-TIME, DAYS/HOURS AVAILABLE: \_\_\_\_\_

**EMPLOYMENT ELIGIBILITY**

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S?  YES  NO

HAVE YOU EVER WORKED FOR THE CITY?  YES\*  NO

\*IF YES, PLEASE PROVIDE THE START AND END DATES: \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED OR BEEN ASKED TO RESIGN FROM A JOB?  YES\*  NO

\*If Yes, Please Explain: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES\*  NO

\*If Yes, Please Explain: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? (CDL)?  YES  NO

**EDUCATION AND TRAINING**

Type of School	School Name	Location	Years Completed	Major & Degree
High School				
Technical School				
College				
Graduate School				

List Other Training Received or Special Qualifications and Skills: (special courses, work training programs, armed forces training, licenses, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please list three professional references.

Name	Mailing Address	Years Known	Phone #

## EMPLOYMENT HISTORY

**List Below Present and Past Employment Information and/or Substantial Volunteer Work:**

<p>Company: _____ Phone: _____</p> <p>Address: _____ Supervisor: _____</p> <p>Job Duties/Responsibilities: _____</p> <p>From: _____ To: _____ Reason for leaving: _____</p> <p>May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Company: _____ Phone: _____</p> <p>Address: _____ Supervisor: _____</p> <p>Job Duties/Responsibilities: _____</p> <p>From: _____ To: _____ Reason for leaving: _____</p> <p>May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Company: _____ Phone: _____</p> <p>Address: _____ Supervisor: _____</p> <p>Job Duties/Responsibilities: _____</p> <p>From: _____ To: _____ Reason for leaving: _____</p> <p>May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Company: _____ Phone: _____</p> <p>Address: _____ Supervisor: _____</p> <p>Job Duties/Responsibilities: _____</p> <p>From: _____ To: _____ Reason for leaving: _____</p> <p>May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Company: _____ Phone: _____</p> <p>Address: _____ Supervisor: _____</p> <p>Job Duties/Responsibilities: _____</p> <p>From: _____ To: _____ Reason for leaving: _____</p> <p>May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**APPLICANT'S STATEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the employment application and additional job-related background investigations as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Additionally, I understand that I am required to abide by all rules and regulations of the employer.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the City is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that before beginning employment, I must pass a pre-employment drug test and any other applicable testing for the position.

I understand that this application is the property of the employing City. This application must be signed and dated before I will receive consideration for employment.

---

**Signature**

---

**Date**