THIS APPLICATION MUST BE RETURNED BY _____ AT 4 P.M.

RECEIVED BY _____

DATE _____

TIME _____

City of SHIVELY
Kentucky

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Print in black ink only. Answer each item completely and accurately. Incomplete answers may disqualify you or may cause delays in processing.

Social Security No. _____

Name _____ Phone: _____

Additional phone number (if any) _____ Are you at least 18 years of age? Yes _____ No _____

Address: _____

Other names you are or have been known by (nicknames, previous names) _____

_____. These may be used to verify employment and references.

Title of position(s) you are applying for: _____

Would you work any shift? Yes _____ No _____ If NO which shift would you work? 1st _____ 2nd _____ 3rd _____

Have you every applied for employment with the City of Shively? Yes _____ No _____, If YES date, department and title

_____

Have you ever applied for employment with the City of Shively? Yes _____ No _____ if YES, date _____

position applied for _____

If related to anyone in our employ, give name, department and relationship _____

_____

****

Education & Training: Give complete information for all of your education and training. If additional space is needed use a separate sheet of paper.

Circle highest level completed: Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED College 1 2 3 4 Graduate Sch. 1 2 3 4

SCHOOLS	NAME and ADDRESS of SCHOOLS CITY and STATE	Dates Attended From Mo.	Yr.	To Mo.	Yr.	Date Graduated	Hours* Completed	Major & Minor Course Study	Degree
Grade School									
High School or G.E.D.									
College University									
College University									
Vocational Business/Military									☐ F/T ☐ F/T

* Indicate Quarter Hrs. or Semester Hours

List any machinery or office equipment that you can operate

_____

_____

Can you type? Yes _____ No _____ WPM _____ Can you take dictation? Yes _____ No _____ WPM _____

MILITARY EXPERIENCE? Yes _____ No _____ Entry Date _____ Separation Date _____

LICENSE OR CERTIFICATION: Please list any applicable licenses or certifications

Name of Trade or Profession	License Number	Granted by	Address of Licensing Agency

>>>>>>>>>>>>>> CONTINUED ON REVERSE <<<<<<<<<<<<<<