



City of Shively
Application for Employment

Internal Use Only

Date Received: _____ By: _____

Type: _____

Personal Information

Name _____

Address	City	State	Zip
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Phone number	Email address
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Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security Number:
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If selected for employment are you willing to submit to a background check?

Yes No

Additional

How did you hear about this job opening?	High School Diploma or GED Date and Location:	Highest level of education completed:
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Date are you available to start?	Date of Birth:	Driver's License # and State:
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List any Felony Charges:	Date and Location of charges:	Disposition:
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List any misdemeanor Charges:	Date and Location of Charges:	Disposition:
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I _____, having filed an application for employment with the Shively Fire Department, consent herein to have an investigation made as to my moral character, reputation and fitness for the position for which I have applied. Furthermore, I agree to give any additional information that may be required during the conduct of that investigation. I also authorize and request every person, firm, company, corporation, partnership, governmental agency, court, association, medical professional, medical facility or institution, school, college, or branch of the military having control over any documents, records reports, or other written information pertaining to me, to cooperate and allow inspection or provide copies of such documents, records, reports, tests, etc. I hereby release, exonerate, and discharge any agents and representatives, and any person or entity so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such written documents, records, reports, or other written information to the said City of Shively or its agents or representatives.

Signature: _____

Date: _____

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Printed Name

Signature

Date