BOURBON COUNTY FISCAL COURT

301 MAIN ST. | PARIS, KY 40361

Application for Employment

Pre-Employment Questionnaire | Equal Opportunity Employer

PERSONAL INFORMATION

Date: _____

Last Name: _____ First Name: _____ SSN: _____

Present Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone #: _____ Home #: _____

Email Address: _____

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____

Are you employed now? ☐ Yes ☐ No If so, may we inquire of your present employer? ☐ Yes ☐ No

Ever applied to this government entity before: ☐ Yes ☐ No If yes, where? _____ When? _____

Ever worked with this government entity before: ☐ Yes ☐ No If yes, where? _____ When? _____

Reason for leaving? _____

Referred by: _____

EDUCATION HISTORY:

School:	Name & Location of School:	Years attended:	Did you graduate?	Subject Studied:
High School:			☐ Yes ☐ No	
College			☐ Yes ☐ No	
Trade or other school:			☐ Yes ☐ No	

GENERAL INFORMATION:

Subject of special study/research work: _____

Special training, certifications, licenses: _____

Special skills, foreign languages, etc.: _____

MILITARY SERVICE RECORD:

Have you ever served in the U.S. Armed Forces: ☐ Yes ☐ No If yes Branch of Service: _____

Discharge Date: _____ Rank: _____

(Please continue to next page.)

ADDITIONAL SKILLS AND INFORMATION:

Check Skills/Equipment Operated: ☐ Bucket Truck ☐ Wheel Loader ☐ Backhoe

Do you have a valid driver's license? ☐ Yes ☐ No Have you ever driven a single axle truck?

State any additional information you feel may be helpful to us in considering your application.

FORMER EMPLOYERS:

Name of present or last employer: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Description of work: _____ Telephone #: _____

Name of previous employer: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Description of work: _____ Telephone #: _____

Name of previous employer: _____ Job Title: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

Description of work: _____ Telephone #: _____

REFERENCES:

	Name:	Phone Number:	Type of Business:	How long have you known them?
1.				
2.				
3.				

(Please continue to next page.)

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS CHECKED THE BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS. THE INFORMATION DISCLOSED WILL NOT BE USED TO DISCRIMINATE AGAINST THE APPLICANT DURING THE HIRING PROCESS FOR ANY REASONS RELATING TO RACE, COLOR, SEX, RELIGIOUS AFFILIATION, NATIONAL ORIGIN, GENDER, OR ANY DISABILITY.

X ***Have you ever been convicted of a felony:*** ☐ ***Yes*** ☐ ***No*** ***If yes, describe below:***

This question is being asked because the job for which you are applying is considered a "security-sensitive" job, requiring a very high level of trust, such as any position in which the employee handles currency, has access to job-related computer terminal, has access to a master key, or works in an area which has been designated as a security-sensitive area. Answering yes to this question will not constitute an automatic rejection of employment. The date of the offense, the seriousness and nature of the violation, rehabilitation, and position applied for will all be considered. If your record was expunged, sealed, or set aside, you may answer "no" to the above question.

X ***I understand and agree that, in the event that I am offered a job, I may be required to take one or more:*** ☐ ***Criminal Background Check;*** ☐ ***Drug Test, as a condition of hiring or continued employment. I agree to consent to take such test (s) at such time as designated by the Fiscal Court and to release the Fiscal Court, its, elected officials, agents or employees from any claim arising in connection with the use of such test(s), other than claims related to privacy violations and/or discrimination under applicable federal and state laws. I understand that all potential employees are required to take a drug test and that, in compliance with federal law, the records of such tests will be kept confidential and the information obtained will not be used to discriminate on the basis of disability, health problems, or medical conditions.*** ☐ ***Yes*** ☐ ***No***

AUTHORIZATION

"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 and employees listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Fiscal Court from all liability for any damage that my result from utilization of such information.

I also understand and agree that no representative of the Fiscal Court has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Fiscal Court representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

_____ _____

Signature: ***Date:***