



105 East Main Street – Morehead, KY 40351
(606) 784-7511 - (606) 783-1837 (fax)

EMPLOYMENT APPLICATION

Applicants are considered for employment without regard to race, color, religion, national origin, age, marital or veteran status, or non-job-related medical condition or disability.

General Instructions:

- A. Completion of the application – print clearly in blue or black INK or TYPEWRITE information.
- B. The position in which you are interested must be specified on the application.
- C. Immediately notify the Morehead Police Department of any change in your name, address or telephone number.
- D. 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 Morehead Police Department.

Applicant Statement:

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

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration on this application, or (2) immediately discharge me from employment whenever it is discovered.

I expressly authorize without reservation, the employer, its representatives, employees or agents, to contact and obtain information from all references (personal and professional), employers, public agencies, criminal history check, credit checks, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process, and all other persons, corporations or organizations for furnishing such information about me.

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

I understand that this application is the property of the City of Morehead and will be kept on file for six (6) months. After that period, unless otherwise notified, I understand that my status as an applicant will end. I may reapply by completing a new application. This application must be signed and dated below before I will receive consideration for employment.

I also 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 immigrations laws require me to complete an I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature (please sign – do not type or print) _____ Date _____

ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED EVEN THOUGH THE APPLICANT MAY ELECT TO INCLUDE ADDITIONAL MATERIAL SUCH AS A RESUME. An incomplete application, INCLUDING REQUIRED ATTACHMENTS, may result in the application being rejected or delayed, which could result in a lost job opportunity. Therefore, please check to insure that each item has been completed.

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Personal Information	Name – Last		First	Middle	Social Security Number
	Present Address – Street		City	State	Zip Code
	Mailing Address (If Different)		City	State	Zip Code
	Emergency Phone Number ()	E-Mail Address		Are you prevented from Legally becoming employed in the country because of visa or immigrations status? Yes No	
	Have you ever applied for employment or been employed with the City of Morehead before? Yes No If yes give position(s) and date(s)				
	Have you ever been convicted of any violation, misdemeanor, or felony as an adult (over the age of 18)? Yes No If yes please explain, including date(s)				
Employment Interest	Type of Employment Desired: Full-time Part-time Temporary/Seasonal			Date Available for Work:	
	What position are you seeking?			Will you perform shift work Yes No	
	Can you travel if job requires it: (Please list any restrictions) Yes No			Are you on layoff or subject to recall: Yes No	
Educational Record	Name and Location	Years Completed	Did you graduate?		Course of study
	High		Yes No If no did you receive GED? Yes No		
	College				
	Other				
	INCLUDE COPY OF HIGH SCHOOL DIPLOMA OR GED AND COLLEGE OR OTHER EDUCATION RECEIVED				
Shorthand Yes WPM _____ No Typing Yes WPM _____ No					
Special Considerations	1	If a license or certificate is needed to perform the work in the position applied for, (such as P.O.P.S. certification, Telecommunications academy, ETC) please complete the following: Name of trade or profession certificate Attach a copy of certificate if you have earned one.			
	2	List any skills and abilities that you possess that will be helpful in doing the job applied for: IF APPLYING FOR POLICE OFFICER – YOU <u>MUST</u> INCLUDE A COPY OF YOUR BIRTH CERTIFICATE AND A COPY OF YOUR OPERATOR’S (DRIVER’S) LICENSE			

REFERENCES	Name two references. Do not include relatives or previous employers.			
	Name:	Relationship	Address	Phone No.
MILITARY	Branch of U.S. Military service from _____ (Month/Year) To _____ (Month/Year)			
	Highest rank attained: _____		<u>ATTACH COPY OF DD214</u>	
	Military occupation specialty and/or major duties including special education/training			
ANY ADDITIONAL INFORMATION	List any civic activities and/or offices held:			
	List any other extra-curricular activities or training:			

EMPLOYMENT EXPERIENCE

PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper.

1	EMPLOYER		TELEPHONE ()	DATES EMPLOYED	
				FROM	TO
Current or Previous Employer	ADDRESS				
	JOB TITLE		DUTIES	May we call your present employer now? Yes No If no when may we call?	
	SUPERVISOR				
	REASON FOR LEAVING OR WANTING TO LEAVE				
EMPLOYER		TELEPHONE ()	DATES EMPLOYED		
Next previous employer				FROM	TO
	ADDRESS				
	JOB TITLE		DUTIES		
	SUPERVISOR				
REASON FOR LEAVING					
EMPLOYER		TELEPHONE ()	DATES EMPLOYED		
Net previous employer				FROM	TO
	ADDRESS				
	JOB TITLE		DUTIES		
	SUPERVISOR				
REASON FOR LEAVING					
EMPLOYER		TELEPHONE ()	DATES EMPLOYED		
Net previous employer				FROM	TO
	ADDRESS				
	JOB TITLE		DUTIES		
	SUPERVISOR				
REASON FOR LEAVING					

CITY OF MOREHEAD
POLICE DEPARTMENT

EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital status, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

Name: _____

Social Security No. _____ Date of Birth _____

Address _____
Street, Route or Box City State Zip Code

Position Applied for _____ Date _____

METHOD OF RECRUITMENT (Please specify or give name of publication):

- A. Newspaper _____
- B. Professional Publication _____
- C. Referral _____
- D. Other _____

PLEASE CHECK APPROPRIATE BOX

Sex: Male Female

Race: Black White Hispanic American Indian/Alaskan Native

“Failure to complete this form does not preclude the applicant’s consideration for the position”

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