

**APPLICATION  
FOR  
EMPLOYMENT**



**MCCRACKEN COUNTY  
300 CLARENCE GAINES ST  
PADUCAH, KY 42003**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
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Last Name	First Name	Middle Initial	
Address:	City	State	Zip Code
Phone Number(s)		Email Address	

Have you filed an application with us before? [ ] Yes [ ] No If Yes, give date

Have you ever been employed with us before? [ ] Yes [ ] No If Yes, give date

Are you currently employed? [ ] Yes [ ] No

May we contact your present employer [ ] Yes [ ] No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
[ ] Yes [ ] No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work: [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary

Are you currently on "lay-off" status and subject to recall? [ ] Yes [ ] No

Can you travel if a job requires? [ ] Yes [ ] No

Have you been convicted of a felony within the last 7 years? [ ] Yes [ ] No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Were you in the U.S. Armed Forces? Yes \_\_\_ N \_\_\_ If yes, what Branch? \_\_\_\_\_  
Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Type discharge \_\_\_\_\_

List duties in the service \_\_\_\_\_

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment.

Name of Employer: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Yes or [ ] No

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Yes or [ ] No

**EMPLOYMENT EXPERIENCE CONTINUED**

Name of Employer: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? [ ] Yes or [ ] No

Name of Employer: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references [ ] Yes or [ ] No

Please use separate sheet if you need additional space.



## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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Signature of Applicant

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Date

## ADDITIONAL INFORMATION

Check skills or equipment operated

\_\_\_ Fax

\_\_\_ MS Office

Mobile Machinery

\_\_\_ PC

\_\_\_ Excel

\_\_\_ Calculator

\_\_\_ Windows

Other

## REFERENCES

1. Name \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Address/City/State \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list any friends or relatives working for McCracken County

\_\_\_\_\_

\_\_\_\_\_