

**CITY OF ST. MATTHEWS
3940 GRANDVIEW AVENUE
ST. MATTHEWS, KENTUCKY 40207
(502) 895-9444**

APPLICATION FOR EMPLOYMENT

THE CITY OF ST. MATTHEWS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATURAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number 502-895-9444.

Prior to completing this Application be sure to read the **JOB DESCRIPTION** of the position for which you are applying. As you complete this Application, please bear in mind the following.

- we reserve the right to check all information for accuracy and completeness
- all applications for employment are a matter of public record
- if you need accommodation in order to complete this Application please notify this municipality

GENERAL INFORMATION

Date: Position Desired:

Are you applying for: Full time Part Time Seasonal

If part time, what days/hours are you available:

\$

Rate of pay expected:

Have you been employed by the City before?: Yes No

PERSONAL INFORMATION

Your name:
Last First Middle

Social Security #:

Phone #: Home: Cell:

Address:

Do you have a legal right to work in the U. S.? Yes No

Are you over the age of 18?

Have you ever been convicted of a felony? (note: this may be relevant if job related, but does not bar you from employment) :

If yes, please explain:

Drivers License #: (if required by job):

YOUR EDUCATION AND TRAINING

High School attended:
City: State:

Do you have a High School diploma?

Please list other education you have received:

College/University Trade or Business Schools Attended	City/State	Degree Earned Type Degree	Major Area of Study
1.			
2.			
3.			

List other training received (special courses, work training programs, armed forces training, etc.):

1.
2.
3.

List specific qualifications and skills (licenses, skills with machines, patents or inventions, publications, etc.)

1.
2.
3.

Based on **JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING**

Are you able to perform the essential functions of the job for which you have applied? (note: you may later be asked to demonstrate your ability to perform the essential functions)

_____ Yes, but I will need reasonable accommodations in order to perform the essential functions. (please complete the next question)

_____ Yes, and I will not need reasonable accommodations in order to perform the essential functions.

Please describe any accommodations you will need in order to adequately perform the essential functions of the position:

Do you have any relatives or friends working here, please name:

- 1.
- 2.
- 3.

REFERENCES

Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

Name	Mailing Address	Yrs. Known	Phone
1.			
2.			
3.			
4.			

PRIOR EMPLOYMENT RECORD

Name and Address of Current or most recent employer:

Phone number:

Your Supervisor:

Job Title/responsibilities:

Date Hired: Date Left:

Reason for Leaving:

Starting Pay: Ending Pay:

May We Contact this Employer?

Name and Address of previous employer:
Phone number:
Your Supervisor:
Job Title/responsibilities:
Date Hired: Date Left:
Reason for Leaving:
Starting Pay: Ending Pay:
May We Contact this Employer?

Name and Address of previous employer:
Phone number:
Your Supervisor:
Job Title/responsibilities:
Date Hired: Date Left:
Reason for Leaving:
Starting Pay: Ending Pay:
May We Contact this Employer?

*****IMPORTANT*****

Please read the following statement:

Employment with the City of St. Matthews is contingent upon satisfying the medical requirements of the City as well as a complete drivers license check and criminal records check, if applicable, and the successful completion of a specified probationary period. I understand if I am required to have a commercial operators license I am subject to random drug testing. I hereby authorize an investigation of al statements contained in this application. I certify that the above statements are true and correct to the best of my knowledge and that I am aware that any falsification of this application is cause for rejection of application or termination of employment without notice.

Applicant Signature

Date