CITY OF CAVE CITY Po Box 567, 103 Duke St. Cave City, KY 42127 APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process contact City Hall at (270) 773-2188.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.									
Job Applied for			,	Today's Da	te				
Are you seeking: Full-time □	Part-time □	Tem	porary 🗆	employment?					
When are you available to start work	?								
Last Name First Name		Middle Name		Telephone Number					
Present Street Address		City		State	Zip Code				
Are you 18 years of age or older? (If you are hired, you ma	ay be required to subr	nit proof of	Yes □ age.)	No □					
If hired, can you furnish proof you are eligible to work in the U.S. Yes \(\square \) No \(\square \)									
Have you ever applied here before?	Yes 🗆	No 🗆	If yes, when?	4-rage gr	c				
Were you ever employed here?	Yes 🗆	No 🗆	If yes, when?						
Have you ever been convicted of any law violation (except a minor traffic violation)? Yes □ No □									
If yes, give details (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)									
Are you now or do you expect to be engaged in any other business or employment? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)									
If yes, please explain									

EDUCATION		
List Name and Address of Schools High School or GED:	Number of Years Completed	Diploma/ Degree / Certificate
College or University:		
Subjects Studied:		
Vocational or Technical:		
Subjects Studied:		
SPECIAL SKILLS What skills or additional training do you have that are related to the job for which	h you are applying?	
What machines or equipment can you operate that are related to the job for which	h you are applying?_	
For Driving Jobs Only: Do you have a valid driver's license?	Yes 🗆	No □
Driver's License Number Class of License	cense	
Have you had your driver's license suspended or revoked in the last the	nree years? Yes 🗆	№ □
If yes, give details		
List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, co religion, national origin, sex, age, disability, or other protected status		

MILITARY	Y RECORD						
Branch of U.S. Military Service from (month/year) to (month/year):							
Highest Rank Attained:	Type of Discharge:						
Military Occupation Specialty and/or Major Duties:							
Honors or Awards:							
WORK HISTORY							
List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.							
Name of Employer:	Supervisor:						
Address:	Employed: From (mo/yr) / To (mo/yr)						
City, State, Zip Code:	Pay: Start \$ Final \$						
Title:	Reason for Leaving:						
Duties:							
Name of Employer:	Supervisor:						
Address:	Employed: From (mo/yr) / To (mo/yr)						
City, State, Zip Code:	Pay: Start \$ Final \$						
Title:	Reason for Leaving:						
Duties:	I Wan						
Name of Employer:	Supervisor:						
Address:	Employed: From (mo/yr) / To (mo/yr)						
City, State, Zip Code:	Pay: Start \$ Final \$						
Title:	Reason for Leaving:						
Duties:							

REFERENCES							
Have you worked or attended school under any other names?	Yes 🗆	No □					
If yes, give names:							
Are you presently employed?	Yes 🗌	No 🗆					
If yes, whom do you suggest we contact?							
Have you ever been fired or asked to resign?	Yes 🗆	No □					
If yes, please explain:							
Give three references, not relatives or former employers.							
Name Address	Pho	ne					
	·						
AFFIDAVIT							
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING							
I certify that all information provided in this employment application is true and compinformation or omission may disqualify me from further consideration for employment if discovered at a later date.	plete. I understand at and may result in	l that any false n my dismissal					
I authorize the investigation of any and all statements contained in this application. I not, any person, school, current employer, past employers and organizations to p opinions that may be useful in making a hiring decision. I release such persons a liability in making such statements.	rovide relevant in	formation and					
I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYN CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY CAUSE AND WITH OR WITHOUT NOTICE.	ANY DEFINITE D AT THE WI	PERIOD OF LL OF THE					
I have read, understand, and by my signature consent to these statements.							
Signature: Date:							
This application for employment will remain active for a limited time. Ask the organize	zation representativ	ve for details.					

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

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

I have read, understand, and by my signature consent to these statements.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment.

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Signature:						Date:	···
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This application for employment will remain active for a limited time. Ask the organization representative for details.