



The City of Madisonville

Application for Employment

Date Received:	Time Received:	Received By (Initials):
----------------	----------------	-------------------------

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

PRINT IN INK OR TYPE

Primary Position Applied For (Use correct position title):		Date of Application:	
Last Name:	First Name:	Middle Name:	
Physical Street Address:	Post Office Box:	City:	State: Zip Code:
Telephone Number(s) Where You Can Be Reached: (list both primary & secondary numbers)			
Primary Number-area code			
Secondary Number-area code			
Are you at least 18 years of age?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any relatives employed by the City?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If yes, give names)			
Have you ever filed an application with us before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If yes, give dates)			
Have you ever been employed with us before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If yes, give dates)			
Are you currently employed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact your present employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Proof of citizenship or legal ability to work will be required upon employment.)			
Are you a military veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a registered voter of the City of Madisonville, KY?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you available to work?	Full Time? <input type="checkbox"/> Shift Work? <input type="checkbox"/>	Part Time? <input type="checkbox"/> Temporary? <input type="checkbox"/>	Seasonal? <input type="checkbox"/> On-Call? <input type="checkbox"/>
Are you currently on layoff status and subject to recall?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you travel if a job requires it?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How did you learn about this job opening?	Advertisement <input type="checkbox"/>	Employment Agency <input type="checkbox"/>	Walk-In <input type="checkbox"/>
	City Employee <input type="checkbox"/>	Friend / Relative <input type="checkbox"/>	Other <input type="checkbox"/>
On what date would you be available for work?			

THE CITY OF MADISONVILLE IS AN EQUAL OPPORTUNITY EMPLOYER

Please return completed application to 67 N. Main St. or mail to Human Resources, P. O. Box 705, Madisonville, KY 42431. For more information, visit our website, www.madisonvilleliving.com, or call 270-831-2100.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Describe any specialized training, apprenticeship(s), skills, and any extra-curricular activities.

Describe any experience or training received in the United States military applicable to this job.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or experience.

Employment Experience

All items must be completed. Attaching or enclosing a resume without completing the application form is insufficient and will not be accepted.

List your present or last job first. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, disability, or other protected status.

1.	Employer		Date Employed: From	To
	Address		Beginning Wage:	Ending Wage:
	Telephone Number(s)		Work Performed:	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer		Date Employed: From	To
	Address		Beginning Wage:	Ending Wage:
	Telephone Number(s)		Work Performed:	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer		Date Employed: From	To
	Address		Beginning Wage:	Ending Wage:
	Telephone Number(s)		Work Performed:	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer		Date Employed: From	To
	Address		Beginning Wage:	Ending Wage:
	Telephone Number(s)		Work Performed:	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate piece of paper and attach.

Job descriptions for jobs currently advertised are available from the HR Department. These job descriptions contain information about the essential functions of the job(s) for which you are applying. Do not answer the following question unless you have been informed about the qualifications required in the job(s) for which you are applying.

Are you capable of performing the activities involved in the job(s) for which you have applied in a reasonable manner?

Yes

No

All items must be completed. Attaching or enclosing a resume without completing the application form is insufficient and will not be accepted.

Additional Information

Specialized Skills

Check Skills / Equipment / Machines Operated or Licenses You Possess

<input type="checkbox"/> PC Calculator <input type="checkbox"/> Typewriter @ _____ WPM <input type="checkbox"/> Fax <input type="checkbox"/> Switchboard <input type="checkbox"/> Copier <input type="checkbox"/> Other (Please List _____ _____	<input type="checkbox"/> Word Excel <input type="checkbox"/> Access <input type="checkbox"/> Lotus <input type="checkbox"/> Word Perfect <input type="checkbox"/> Desktop Publishing (List) _____ <input type="checkbox"/> Dictation <input type="checkbox"/> Other (Please list) _____	Production / Mobile Machinery (List): _____ _____ _____ _____ _____ _____ _____	Licenses / Certifications (List): <input type="checkbox"/> CDL Class: _____ <input type="checkbox"/> Welding <input type="checkbox"/> EMT <input type="checkbox"/> Other (Please list) _____ _____
--	--	---	--

References

You must provide at least three. Do not list former employers, supervisors, or family members.

Name _____	Telephone Number _____
Address _____	City _____ State _____ Zip Code _____
Name _____	
Telephone Number _____	
Address _____	City _____ State _____ Zip Code _____
Name _____	
Telephone Number _____	
Address _____	City _____ State _____ Zip Code _____

Drug & Alcohol Testing Notification

The City of Madisonville requires drug testing for all applicants prior to employment. The City also requires alcohol testing in certain situations for safety-sensitive employees which includes all positions which require a Commercial Driver's License (CDL) and specific positions in Customer Services. The City is prohibited from assigning or employing any individual who tests positive for prohibited drug use. Your signature below indicates that you are aware of and understand this regulation.

Your application is incomplete if this notice is not signed and dated. Incomplete applications will not be processed.

Signature _____	Date _____
-----------------	------------

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. I affirm that I have a genuine intent of employment and no other purpose in applying for a job with the City of Madisonville. This application for employment shall be considered active for a period of time not to exceed one year.

I understand that I must call or contact the Human Resources Office by the deadline established in the announcement for any test for a job in which I may be interested in order to be placed on the test roster. I understand that false or misleading information given in my application material or interview(s) may result in disqualification, or if employed, discharge. I understand that I am required to abide by all rules and regulations of the City of Madisonville (the employer). I understand that the needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday, and I accept these conditions.

I understand that I will be required to provide proof of U. S. military service which indicates other than a Dishonorable Discharge and proof of registration as a voter in the City of Madisonville before Veterans Preference Points will be added to my test score for any position examination.

Signature _____	Date _____
-----------------	------------



CITY OF MADISONVILLE, KENTUCKY ACCOMMODATION REQUEST Testing

CONFIDENTIALITY STATEMENT: Information contained on this form will be held confidential to the extent allowed by law. Information obtained or generated in the processing of the Accommodation Request may be released to individuals or agencies participating in the evaluation or provision of any accommodation.

Please type or print and return to the Human Resources Office sufficiently in advance of the exam to allow ample time for consideration of your request. Information on this form is classified as CONFIDENTIAL to the extent permitted by law. Please note that this accommodation request cannot be processed unless the information requested is supplied and documentation of the need for accommodation is attached. For additional information, contact the Human Resources Office.

1. Date of Request: _____
2. Name: _____ Last First MI
3. Address: _____ Street City State Zip
4. Telephone Number: _____
5. SSN: _____
6. Test You Wish To Take: _____
CHECK AS APPROPRIATE:
7A. My condition is a: Mental Characteristic <input type="checkbox"/> Physical Characteristic <input type="checkbox"/> Other (If other, please attach explanation) <input type="checkbox"/>
7B. It is the result of: Disease <input type="checkbox"/> Injury <input type="checkbox"/> Congenital Condition of Birth <input type="checkbox"/> Functional Disorder <input type="checkbox"/> Other (If other, please attach explanation) <input type="checkbox"/>
8. Describe in your own words the limitations caused by your condition for which you are requesting accommodation(s). Use additional pages if necessary. Be sure to attach medical documentation of functional limitations.
9. Describe any accommodation you believe would be of benefit to you to enable you to test.
10. Signature: _____ Date: _____