Application for Employment

The City of Henderson

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 _____ _____				Social Security Number:

Are you at least 18 years of age?		Yes ☐	No ☐
Do you have any relatives employed by the City?	Yes ☐ No ☐	_____ (If yes, give names)	
Have you ever filed an application with us before?	Yes ☐ No ☐	_____ (If yes, give dates)	
Have you ever been employed with us before?	Yes ☐ No ☐	_____ (If yes, give dates)	
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? (Proof of citizenship or legal ability to work will be required upon employment.)		Yes ☐	No ☐
Are you a military veteran?	Yes ☐ No ☐	Are you a registered voter of the City of Henderson, KY?	Yes ☐ No ☐
Are you available to work?	Full Time? ☐ Part Time? ☐ Shift Work? ☐ Temporary? ☐ Seasonal? ☐ On-Call? ☐		
Are you currently on layoff status and subject to recall?		Yes ☐	No ☐
Can you travel if a job requires it?		Yes ☐	No ☐
How did you learn about this job opening?	Advertisement ☐ Employment Agency ☐ Walk-In ☐ City Employee ☐ Friend / Relative ☐ Other ☐		
On what date would you be available for work?	_____		

THE CITY OF HENDERSON IS AN EQUAL OPPORTUNITY EMPLOYER

Please return completed application to 222 First St or mail to Human Resources, P. O. Box 673, Henderson KY 42419-0673.
For more information, visit our website, *www.cityofhendersonky.org* , or call 270-831-1200 ext 204.

Form 05-01-21
Revised 10/08

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

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 Receptionist. 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

- ☐ PC
- ☐ Calculator
- ☐ Typewriter @ _____ WPM
- ☐ Fax
- ☐ Switchboard
- ☐ Copier
- ☐ Other (Please List

_____

_____

_____

- ☐ Word
- ☐ Excel
- ☐ Access
- ☐ Lotus
- ☐ Word Perfect
- ☐ Desktop Publishing (List)

_____

- ☐ Dictation
- ☐ Other (Please list)

_____

Production / Mobile Machinery (List):

_____

_____

_____

_____

_____

_____

_____

_____

Licenses / Certifications (List):

- ☐ CDL Class: _____
- ☐ Welding
- ☐ EMT
- ☐ 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 Henderson 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 employees of the Mass Transit Department (HART), all positions which require a Commercial Drivers License (CDL), all positions in the Gas Department, 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 Henderson. 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 Henderson (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 (DD214) which indicates other than a Dishonorable Discharge and proof of registration as a voter in the City of Henderson (KRS 90.320) before Veterans Preference Points will be added to my test score for any position examination.

Signature _____ Date _____

CITY OF HENDERSON, KENTUCKY

NOTIFICATION OF INQUIRY FROM CONSUMER REPORTING AGENCY

Date: _____

TO ALL APPLICANTS FOR EMPLOYMENT:

This is to advise you that Public Law 91-508 requires us to inform you that an inquiry may be made and a report may be prepared by a consumer reporting agency at our request. If requested, this report will provide applicable information concerning your character, general reputation, personal characteristics, credit, and mode of living; this information may be obtained through personal interviews with those persons who may have knowledge concerning any such item of information, or by other means.

This inquiry is of a routine nature. Within a reasonable time, you may request additional information as to the nature and scope of any such inquiry so ordered if the investigation adversely affects your employment opportunity with the City of Henderson. Please direct any such request to:

Human Resources Director
City of Henderson, Kentucky
PO Box 673
Henderson KY 42419-0673

By my signature below, I hereby affirm that I have been properly notified that a report may be prepared by a consumer reporting agency as a part of my application process with the City of Henderson, Kentucky.

_____
Signature

_____
Date

CITY OF HENDERSON, KENTUCKY

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_____
Date

CITY OF HENDERSON, KENTUCKY

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

TO ALL APPLICANTS FOR EMPLOYMENT:

The release consent form below will be provided to investigators or consumer reporting agencies as your permission to obtain pertinent information related to your application for employment with the City of Henderson.

I, _____, hereby authorize any investigator, any duly accredited representative of the City of Henderson, Kentucky, any authorized agent of a criminal justice agency, or any private agency acting upon request of the City, bearing this release to obtain full and complete disclosure of the records of: educational institutions; financial or credit institutions, including records of loans, the records of commercial, consumer, or retail credit agencies (also including credit reports and ratings), and other financial statements and records wherever filed; employment and pre-employment records, including background reports, performance evaluations, complaints or grievances filed by or against me; and the records and recollections of Attorneys-at-Law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have an interest. After a conditional offer of employment, I also authorize full and complete disclosure of the records of any medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the United States Veterans Administration.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered only in determining my suitability for employment by the City, and that none of the information obtained may be released by the City to anyone else without my written permission. I also certify that any person or persons who may furnish such information concerning me shall not be held accountable for giving truthful information and I do hereby release said person or persons from any and all liability for damages of whatever kind or nature which may at any time result to me which may be incurred on account of compliance, or any attempts to comply, with this authorization.

A copy of this release form will be valid as an original thereof even though the copy does not contain an original writing of my signature.

YOUR RIGHTS include, but are not limited to: prior to an adverse employment decision which is based in whole or in part on the information included in a Consumer Reporting Agency (CRA) report, you are entitled to a free copy of your file from the CRA to include each piece of information in the report, and in most cases, the sources of that information. You also have the right to be told the name of anyone who received such a report on you during the past two years. You have the right to dispute directly with the CRA the accuracy or completeness of any information provided by the CRA.

_____ _____

Signature Date

_____

Address City County State Zip Code

_____

SSN

CITY OF HENDERSON, KENTUCKY
NOTIFICATION OF ACCESSIBILITY

FOR YOUR INFORMATION AND CONVENIENCE

1. Disabled reserved parking spaces are available in the City Municipal Center parking lot and on Elm Street on the east side of the building.

2. Applications are available in the Personnel Office on the Third Floor of the City Municipal Center. The Third Floor is accessible by elevator.

3. Wheelchair accessible restrooms are located on the First Floor of the City Municipal Center.

4. If you are a disabled applicant, detailed job descriptions for currently advertised positions are available from the Personnel Office to help you determine whether you are able to perform the essential functions of the job in a reasonable manner either with or without reasonable accommodation.

5. If you are a disabled applicant and you need special assistance during the testing procedure, please ask the receptionist for an Accommodation Request Form (Form 05-01-38) for testing. Complete this form (ask for assistance if you need it) and return it to the Personnel Office a minimum of 48 hours in advance of the test so that we can attempt to satisfy your needs.

6. Please contact the Personnel Office, 270-831-1200 (203), if you have other questions or if we can provide additional assistance.

CITY OF HENDERSON, 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 Personnel 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 Personnel 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 ☐ Physical Characteristic ☐ Other (If other, please attach explanation) ☐

7B. It is the result of:

Disease ☐ Injury ☐ Congenital Condition of Birth ☐

Functional Disorder ☐ Other (If other, please attach explanation) ☐

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: _____

INSTRUCTIONS FOR COMPLETION OF FORM:

1 - 6 Self Explanatory

7A Indicate whether your disabling condition is physical or mental. If your condition does not fit either category, please attach an explanation.

7B Check the area that best describes the cause of your disability. If the cause of your disability is not given, please attach an explanation.

8 Describe the functional limitations of your condition which interfere (or may interfere) with your testing performance. Please attach medical documentation of functional limitations.

9 Describe the accommodation you are requesting, and provide alternative accommodation suggestions where possible. Include past accommodations if relevant, and any specific information relating to cost, sources, names of devices, etc., that you may have.

10 If employee or applicant is unable to sign, signature of a designated representative is sufficient.

CITY OF HENDERSON, KENTUCKY
AFFIRMATIVE ACTION INFORMATION FORM

The City of Henderson is an Affirmative Action employer. In compliance with government regulations we are required to record the number of applicants by race and sex.

We ask that you indicate your race or national origin, date of birth and sex. **DO NOT WRITE YOUR NAME ON THIS SHEET**. This information will not be kept with your application and will be used only in accordance with Federal and State regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

☐ Male

☐ Female

Date of Birth: _____

☐ American Indian

☐ African American / Black

☐ Asian

☐ Hispanic

☐ Other _____
Please Specify

☐ Non-Minority

Please complete both sides

CITY OF HENDERSON, KENTUCKY

INVITATION TO VETERANS AND / OR DISABLED PEOPLE

We are subject to the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which requires us to take Affirmative Action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era, and disabled people.

If you are a special disabled veteran, Vietnam Era veteran or disabled person, we would like to include you under the affirmative action program. Further, if you are a disabled veteran or a disabled person it would assist us if you tell us about (1) any special methods, skills or procedures which qualify you for positions that you might not otherwise be able to do because of your disability, so that you will be considered for any positions of that kind, and (2) the accommodations which we could make which would enable you to perform the job properly and safely, including reasonable changes in the physical layout of the job, alterations of certain duties relating to the job, or other accommodations.

This information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be used only in accordance with the above mentioned acts. Your voluntary cooperation is greatly appreciated.

This position requires regular, predictable and punctual attendance. Are you able to satisfy this requirement?

☐ Yes ☐ No

VIETNAM ERA VETERANS:

1. Did you serve on active duty for more than 180 days, any part occurring between August 5, 1964 and May 7, 1975?
   ☐ Yes ☐ No
2. Were you discharged or released from the above active duty because of a service-connected disability?
   ☐ Yes ☐ No

SPECIAL DISABLED VETERANS:

1. Are you entitled to disability compensation by the Veterans Administration for a 30% or more rated disability?
   ☐ Yes ☐ No
2. Are you entitled to disability compensation by the Veterans Administration for a 10-29% rated disability and have been determined under Section 1506 of Title 38, USC to have a serious employment handicap?
   ☐ Yes ☐ No

DISABLED:

1. Do you have a physical or mental impairment which limits one or more of your major life activities?
   ☐ Yes ☐ No
   If yes, please explain: _____
2. Are there any reasonable accommodations we could make which would enable you to perform the job for which you are applying?
   ☐ Yes ☐ No
   If yes, please explain: _____