

APPLICATION FOR EMPLOYMENT



McCRACKEN COUNTY

300 S. 7TH STREET
PADUCAH, KY 42003-1700

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 Name
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Address	Number	Street	City	State	Zip Code
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Phone Number(s)	Social Security Number
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Have you ever 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 it? 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 _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School	Name			
	City & State			
Post Secondary School	Name			
	City & State			
Other (Specify)	Name			
	City & State			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any job-related training you have received

EMPLOYMENT EXPERIENCE

Were you in the U.S. Armed Forces? Yes ___ No ___ If yes, what Branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____ Type discharge _____

List duties in the service _____

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

Employer		Dates Employed:		Work Performed
Address / City / State		From	To	
Phone		Hourly Rate/Salary:		Work Performed
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				
Employer		Dates Employed:		Work Performed
Address / City / State		From	To	
Phone		Hourly Rate/Salary:		Work Performed
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				
Employer		Dates Employed:		Work Performed
Address / City / State		From	To	
Phone		Hourly Rate/Salary:		Work Performed
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				
Employer		Dates Employed:		Work Performed
Address / City / State		From	To	
Phone		Hourly Rate/Salary:		Work Performed
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Job Title	Supervisor	Beginning	Ending	
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Employer		Dates Employed:		Work Performed
Address / City / State		From	To	
Phone		Hourly Rate/Salary:		Work Performed
Job Title	Supervisor	Beginning	Ending	
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> Fax	<input type="checkbox"/> Excel	Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 123		
<input type="checkbox"/> Calculator	<input type="checkbox"/> Paradox		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect		
<input type="checkbox"/> MS Office	<input type="checkbox"/> Windows		
Other _____		Do you hold a Commercial Drivers License?	
Drivers License No. _____			

State any additional information you feel may be helpful to us in considering your application.

Note to Applicant: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation will be provided. YES NO

REFERENCES

1.	_____	_____
	(Name)	(Phone #)

	(Address / City / State)	
2.	_____	_____
	(Name)	(Phone #)

	(Address / City / State)	
3.	_____	_____
	(Name)	(Phone #)

	(Address / City / State)	

List any friends or relatives working for McCracken County

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 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview () Yes () No

Remarks _____

INTERVIEWER

DATE

Employed () Yes () No

Date of Employment _____

Department _____

Job Title _____

Hourly Rate/Salary _____

By

NAME AND TITLE

DATE

NOTES _____

BACKGROUND CHECK INFORMATION

<hr/>				
First	Middle	Maiden	Last	
<hr/>			<hr/>	
Social Security Number			Date of Birth	
<hr/>				
Driver's License Number				
<hr/>				
Race		Height	Weight	
<hr/>		<hr/>	<hr/>	

I authorize McCracken County to perform a criminal history check on the above information.

Signature

Official Use Only - Do not Write Below This Line.

Notes

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT
AND WRITTEN AUTHORIZATION FOR MCCRACKEN COUNTY
TO OBTAIN A PRE-EMPLOYMENT CREDIT REPORT**

DISCLOSURE STATEMENT

The McCracken County Fiscal Court (hereinafter referred to as "the County") when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired) and when making other employment related decisions directly affecting you, may wish to obtain and use a pre-employment consumer credit report from a consumer reporting agency. These terms are defined in the Fair Credit Reporting Act (hereinafter referred to as "FCRA") which applies to you. As an applicant for employment or an employee of the County, you are a "consumer" with rights under the FCRA.

A consumer reporting agency is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing consumer reports to others.

A pre-employment consumer credit report is a communication of any information by a consumer reporting agency bearing on a consumer's personal financial characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. For the County's purposes, a pre-employment consumer credit report may consist of the following information: a listing of current and previous credit accounts with the payment history and current status of each; any credit-related legal actions; other miscellaneous detailed credit activities.

If the County obtains a pre-employment credit report about you, and if the County considers an information on said report when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with a copy of said report. You may also contact the Federal Trade Commission about your rights under the FCRA as a consumer with regard to said reports.

A Summary of Your Rights Under the Fair Credit Reporting Act

The FCRA promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records and rental history records). The following is a summary of your primary rights under the FCRA. For more information on your rights under the FCRA, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- 1) **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance or employment or to take another adverse action against you, must tell you and must give you the name, address and phone number of the agency that provided the information.
- 2) **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a. a person has taken adverse action against you because of information in your credit report;
 - b. you are the victim of identity theft and place a fraud alert in your file;
 - c. your file contains inaccurate information as a result of fraud;
 - d. you are on public assistance;
 - e. you are unemployed but expect to apply for employment within 60 days;
 - f. as of September 2005 all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies.
- 3) **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free of charge from the mortgage lender.

- 4) **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless you dispute is frivolous.
- 5) **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- 6) **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- 7) **Access to your file is limited.** A consumer reporting agency may provide information about you only to those with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- 8) **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer or a potential employer, without your written consent given to the employer.

**AUTHORIZATION FOR MCCrackEN COUNTY TO
OBTAIN A PRE-EMPLOYMENT CREDIT REPORT**

By affixing my signature below, I hereby certify and acknowledge that the County has provided me with a copy of the forgoing Fair Credit Act Disclosure Statement and has afforded me ample opportunity to review the same and to have any questions or concerns related thereto addressed to my satisfaction. Accordingly, in compliance with the provisions of the FCRA and with an adequate understanding of my rights therein, I hereby consent and allow the County to obtain a pre-employment credit report on me as evidenced by my signature below.

Signature of consenting party.

Printed name of consenting party

Dated this ____ day of _____, 20__.