

**GENERAL APPLICATION
FOR EMPLOYMENT**

CITY OF HOPKINSVILLE

101 North Main Street
Hopkinsville, KY 42240
www.hopkinsvilleky.us
phone (270) 890-0264 fax (270) 890-0266

FILL OUT COMPLETELY
(PLEASE PRINT)

Date of Application _____ Position(s) applied for _____

Name _____
LAST FIRST MIDDLE PREVIOUS

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Email Address _____

Are you a U.S. citizen? Yes No If no, type of Visa & expiration date _____

Alien Registration # _____ Are you 18 years old or over? Yes No

Are there any hours, days, or holidays you cannot or will not work? Yes No

Have you previously been employed by the City of Hopkinsville? Yes No

Are any of your relatives employed by the City of Hopkinsville? Yes No

If yes, list department and relationship _____

Have you ever been convicted of any crime? Yes No If yes, please give details and include for each offense: date, charge, place, court and action taken.

Do you have a valid CDL license? Yes No License No. _____ CDL Class _____

Do you have a valid driver's license? Yes No State of Issue _____ Restrictions Yes No

List any equipment operated or other qualifications: _____

Have you ever served in the Military? Yes No If yes, list Branch of Service _____

Period of Active Duty (month & year) from _____ to _____ Date of final discharge _____
(Please enclose a copy of your DD214)

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
COLLEGE				
HIGH SCHOOL or EQUIVALENT				
TECHNICAL/ CERTIFICATIONS				

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EQUAL EMPLOYMENT OPPORTUNITY APPLICANT DATA FORM VOLUNTARY INFORMATION ONLY
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IMPORTANT—To ALL Applicants: To enable us to meet government reporting regulations, the City of Hopkinsville requests you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your application.** Any information you choose to provide will not be considered by the City of Hopkinsville for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

Date _____ Position applied for _____ Male Female

If any of these definitions apply to you, please check the appropriate box(es).

RACE/ETHNIC CATEGORY

- White** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** (Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa.
- Hispanic** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
- Native American or Alaskan Native** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Other

**CITY OF HOPKINSVILLE
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Hopkinsville, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records from educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies, including credit reports and/or ratings, and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veteran's Administration, employment and pre-employment records, including background reports, efficiency ratings, 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, or have had and interest.

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 in determining my suitability for employment by the City of Hopkinsville. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A copy of this release from will be valid as an original thereof, even though the said photocopy does not contain and original writing of my signature.

Signature (include maiden name)

Address

Phone (include area code)

Date of Birth Social Security #

Driver's License # and State Issued