City of Danville Department of Human Resources
P. O. Box 670
445 W. Main St.
Danville, KY 40423

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT
APPLICATION CHECKLIST

IMPORTANT:
FOR PROPER PROCESSING, EACH PAGE IN THIS PACKET MUST BE PRINTED ON A SEPARATE SHEET OF PAPER. DOUBLE-SIDED COPIES ARE *NOT* ACCEPTABLE.

The following checklist is intended to help you properly complete the process of applying for employment with the City of Danville. **Read this checklist and any instruction sheets in their entirety before beginning the application.**

- ☐ Read this Application Checklist.
- ☐ Read the Application for Employment Form Instructions.
- ☐ Complete the Application for Employment Form according to the Application for Employment Form Instructions. **Section D must be completed by all applicants.**
  - ☐ If necessary, print and complete additional pages for employment history as described in the Application for Employment Instructions.
- ☐ **Carefully review each document for completeness and signature.**
- ☐ Enclose copies of any required documentation specified in the job posting or other public advertisements.
- ☐ If you wish, enclose a résumé. The résumé will provide additional information, but **may not be substituted for any part of the application packet.**
- ☐ Complete the EEO Data Information Form.
- ☐ Enclose all application materials in a suitable envelope and send via mail or delivery service to the address below. **Additional postage may be required.** If a position for which you are applying has a Filing Deadline, then your application **must be received** in the Department of Human Resources by that deadline. Your application will NOT be considered if it does not meet the deadline.

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APPLICATION[1] FOR EMPLOYMENT
FORM INSTRUCTIONS

The following set of instructions is intended to help you fill out the application for employment with the City of Danville. If you need special accommodation or assistance with filling out the application, ask the City Clerk or Human Resources Director. **You MUST follow these instructions as closely as possible. It is YOUR responsibility to provide those who review the application with enough information to determine whether or not you meet the minimum qualifications.** Some positions require proof of education, verification of address, a birth certificate, professional licenses and certificates, verification of social security number and verification of a valid driver's license. These requirements will be listed on the posting and other public advertisements. You must provide a copy of the required documents(s) when submitting your application. **APPLICATIONS WITHOUT THE REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED.** Do not leave any blanks. Put N/A in any space not applicable to you. Please use a blue or black ink pen. If you have any questions, ask the City Clerk or Human Resources Director. If you are at home, call City Hall at 859-238-1200 (Hours: M-F, 8:30am-5:00pm Eastern Time)

SECTION A—Personal Information:

List any additional names you are known by or have used. This would include a name which has been legally changed. If you have ever been employed by the City of Danville, check the appropriate block.

SECTION B—Employment Interest:

Be sure to list all positions you are applying for in number 3. If you are related to anyone who is a current City employee, indicate name, department and relationship.

SECTION C—Educational Record:

Circle the highest grade level completed. For all indicated levels of education, provide school names, addresses, dates attended and dates of graduation. For college indicate number of hours completed (semester or quarter), major field of study, minors, and the name(s) of the degree(s). If additional space is needed, use a separate sheet of paper.

SECTION D—Previous Employment: (MUST BE COMPLETED even if résumé attached):

Begin with present or most recent job. Do not leave out employment experience. You may include verifiable volunteer experience. Be sure to indicate **ALL** required information, i.e., dates of employment, name of employer, address, phone number, title of position, hours worked per week, name of supervisor, etc. Be sure to include all zip codes. Describe your duties and responsibilities in as much detail as possible. **Failure to provide sufficient information may result in your application being disqualified. If you need additional sheets, see the City Clerk or Human Resources Director or reprint as many copies as necessary of Page 2 of this document.**

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[1] The City's **open application policy** allows persons interested in employment with the city to complete an Employment Application Form at any time, regardless of whether or not vacancies exist; completed Employment Application Forms must state the position applied for, and shall remain active for a period not to exceed six months (it is the applicant's sole responsibility to complete another Employment Application Form at the end of the six month period.) Provided the applicant indicated the vacant position(s) on the completed Employment Application Form, and the time limits for the Employment Application Form to remain active have not passed, the applicant will be considered for the vacant position(s).

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SECTION E—Special Considerations :

For trade or professional licenses or certificates, provide license number(s) or certificate number(s), the issuing agency, group, board or committee and expiration dates(s) where applicable. If additional space is needed, use a separate sheet of paper.

SECTION F—References:

Please give the name of two references, do not include relatives or previous employers.

SECTION G—Activities:

List offices held in school, civic clubs, or business organizations. You may omit those that indicate sex, race, religion, or national origin.

SECTION H—Additional Information:

List any military information including entry date, separation date and branch of service.

SECTION I—Acknowledgements:

Please read this section carefully and sign. Failure to do so may result in your application for employment being disqualified. Your signature indicates you have received and read the instructions and that you fully understand this section of the application.

EEO DATA INFORMATION FORM :

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

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City of Danville
Employment Application

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, or disability.

Please read acknowledgements (page 3, section 1), then complete application, using typewriter or ink.

A	**1**	Name: Last First Middle				Social Security No:
Personal Information	**2**	Present Address: Street City State Zip Code				Phone No:
	3	Permanent Address: Street City State Zip Code				Phone No:
	4	Emergency Phone No:			**5**	Age: (if under 18)
	6	Have you applied for employment or been employed here before? Yes ☐ No ☐		If yes, give position(s) and date(s):		
B	**1**	Type of Employment Desired: Full Time ☐ Part Time ☐ Temporary/Seasonal ☐			**2**	Date Available For Work:
Employment Interest	**3**	What Position Are You Seeking?	**4**	Minimum Salary:	**5**	Will you perform Shift work? Yes ☐ No ☐
	6	Can you travel if job requires it? (Please list any restrictions) Yes ☐ No ☐			**7**	Are you on layoff or subject to recall? Yes ☐ No ☐
	8	Does anyone in your immediate family work here? If yes, List Name(s), Relationship(s) and Department(s). Yes ☐ No ☐				

C		**Education:**	**Elementary:**	**High:**	**College/University:**	**Graduate/Professional:**
Educational Record	**1**	Name & Location of School:				
	2	Years Completed (Please Circle Last Year):	5 - 6 - 7 - 8	9 - 10 - 11 - 12	1 - 2 - 3 - 4	1 - 2 - 3 - 4
	3	Diploma/Degree:				
		Year Received:				
	4	Major Field of Study:				
	5	Area(s) of Specialized Training:	**6**	Title of Thesis & Special Research Project(s):		
	7	Honors Received:	**8**	Vocational or Technical School Attended:		
	9	Special Skill(s) or Certificate(s) Received:	**10**	Shorthand: WPM:	**11**	Typing: WPM:

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D		PREVIOUS EMPLOYMENT: Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper.		
Employment Experience	**1**	Employer:	Duties:	Dates Employed:
	Current Employer	Address:		
		Job Title:	Supervisor:	Hourly Rates: Starting Final
		Reason for leaving or wanting to leave:		
	2	Employer:	Duties:	Dates Employed:
	Previous Employer	Address:		
		Job Title:	Supervisor:	Hourly Rates: Starting Final
		Reason for leaving or wanting to leave:		
	3	Employer:	Duties:	Dates Employed:
	Previous Employer	Address:		
		Job Title:	Supervisor:	Hourly Rates: Starting Final
		Reason for leaving or wanting to leave:		
	4	Employer:	Duties:	Dates Employed:
	Previous Employer	Address:		
		Job Title:	Supervisor:	Hourly Rates: Starting Final
		Reason for leaving or wanting to leave:		
	5	May we call your present employer now? If not, when may we call? Yes ☐ No ☐		
E	**1**	If a License or Certificate is needed to perform the work in the position applied for, please complete the following:		
Special Considerations		Driver's License Number:	Name of Trade or Profession License Number:	
	2	List Any skills and abilities that you possess that will be helpful in doing the job appliled for:		

F References	**1**	Give the name of two references, do not include relatives or previous employers: Name Relationship Address Phone Number
G Activities	**1**	List offices held in school, civic clubs, or business organizations. You may omit those that indicate sex, race, religion, or national origin:
	2	Current hobbies, interests, or favorite recreation:
H Additional Information	**1**	Branch of U.S. Military Service from (month/year) to (month/year):
	2	Highest Rank Attained:
	3	Military Occupation Specialty and/or Major Duties:
		This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know. You may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.
	4	Are you a Vietnam Era Veteran? Yes ☐ No ☐ If Yes, month and year active duty completed:
	5	Additional Comments:

Please read before completing application.

I Acknowledgements	**1**	I certify that the answers given herein are true and complete to the best of my knowledge.
	2	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.
	3	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.
	4	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.
	5	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.
	6	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.
	7	Signature (Please sign - do not type or print):
	8	Date:

FOR PERSONNEL DEPARTMENT USE ONLY

Position applied for is OPEN: Yes ☐ No ☐ Position(s) considered for:

Application reviewed by: Date:

Remarks:

Arrange interview: Yes ☐ No ☐ If yes, Date: Time:

Interviewed by (List Participants):

Employed: Yes ☐ No ☐ Date of Employment:

Position Title: Department: Starting Salary:

DEPARTMENT OF PERSONNEL

EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII - Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

NAME: SOCIAL SECURITY NO: DATE OF BIRTH:

ADDRESS:

Position applied for: Date:

Is position vacant: ☐ Yes ☐ No

Method of recruitment: (Please specify or give name of publication):

A. Newspaper _____

B. Professional Publication _____

C. Referral _____

D. Other _____

Please Check Appropriate Box

Sex: ☐ Male ☐ Female

Race: ☐ Black ☐ White ☐ Hispanic

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Other: ☐ Vietnam Era Veteran

☐ Disabled Veteran

☐ Individual with a Disability

"Failure to complete this form does not preclude the applicants consideration for the position applied for."

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