



APPLICATION FOR EMPLOYMENT

NOTICE TO CITY APPLICANTS

To be complete for the final hiring process, this application needs the following attachments.

PLEASE USE AS A CHECKLIST:

**Copy of Social Security Card
Copy of Birth Certificate
Copy of Drivers License
Copy of High School Diploma/GED Certificate
DD214 Form (for veterans)
POLICE RECRUIT—Form A, Form H-2, Form I-2**

Applicants for Police Recruit, Firefighter Recruit, or Central Dispatcher have additional forms to complete which will be provided to you at a later date, after a Preliminary criminal background clearance.

*The City of Mayfield offers
a Comprehensive Employee Package
for Full-time Employees, which includes Health,
Optical & Dental Insurance, Life Insurance, Paid Holidays,
Vacation and Sick Leave*

**THE CITY OF MAYFIELD IS A DRUG-FREE WORKPLACE
THAT DOES NOT DISCRIMINATE IN EMPLOYMENT
ON THE BASIS OF RACE, CREED, COLOR, AGE, SEX, RELIGION,
NATIONAL ORIGIN, OR PHYSICAL HANDICAP**

POSITION DESIRED: *Please check applicable position(s)*

Clerical Dispatch Firefighter/EMT Police Officer Public Works

APPLICANT NAME: *Please list all other names (married, maiden, etc.)*

CURRENT ADDRESS: *Please include street address, mailing address, city, state, zip*

PREVIOUS ADDRESS: *(If less than one year at current address)*

E-MAIL ADDRESS: I check email daily weekly rarely

TELEPHONE NUMBERS: *Please include all applicable numbers*

HOME

WORK

CELL

OTHER

SOCIAL SECURITY NUMBER:

OPERATOR LICENSE STATE & NUMBER:

EDUCATION: *Begin with High School, ending with most recent higher education*

SCHOOL

CITY/STATE

YRS ATTENDED

I OBTAINED HIGH SCHOOL DIPLOMA GED

LIST ANY DEGREES ATTAINED:

LIST AND GIVE THE RESULT OF ANY ARRESTS/CONVICTIONS:

SPECIAL STUDY AREAS/EXPERIENCE PERTAINING TO POSITION:

KY EMT CERTIFICATE #: *(If applicable)*

POLICE OFFICER/DISPATCHER CERTIFICATION: *(If applicable)*

VETERAN?	YRS OF SERVICE	BRANCH	DISCHARGE STATUS

CURRENT NATIONAL GUARD /RESERVE OBLIGATION:

EMPLOYMENT HISTORY: *(Please start with current/most recent—attach add'l pages)*

EMPLOYER NAME: **SUPERVISOR:**
CITY/STATE: **PHONE:**
DATES EMPLOYED:
REASON FOR LEAVING:

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CITY/STATE: **PHONE:**
DATES EMPLOYED:
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CITY/STATE: **PHONE:**
DATES EMPLOYED:
REASON FOR LEAVING:

REFERENCES: GIVE NAMES, ADDRESSES AND PHONE #S OF (3) NON-FAMILY REFERENCES WHICH ARE NOT FORMER EMPLOYERS:

ATTENTION APPLICANTS

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND ANSWER ALL QUESTIONS. SIGN AND DATE THE APPLICATION AT THE BOTTOM OF THIS PAGE.

I hereby authorize and request any and all of my former employers and any other person, firm, corporation, institution or school to furnish any and all information requested by the City of Mayfield or its representatives concerning my credit worthiness and personal background, and I hereby release each employer or other person, firm, corporation, institution, or school from any and all liability by reason of furnishing the requested information. I understand that in connection with this application, a consumer report and/or investigative consumer report may be requested whereby information is obtained through personal interviews with my family, neighbors, former neighbors, employers, past employers, friends or associates, or with others with whom I am acquainted or who have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested, and if so, the name and address of the consumer reporting agency that furnished such a report and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if the request is made within a reasonable period of time.

I understand that if employed, any misrepresentation or omission of facts requested in this application is cause for dismissal. I further understand that if employed, my employment is for no definite period of time and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. I understand that my failure to properly complete any item on this application may be cause for my application to be removed from consideration for the position requested.

I further understand that this application is null and void if submitted without the required attachments listed on the front of this application.

*Signature: _____ Date: _____

A copy of the job description for an advertised vacancy will be available upon request. The job description must be read before answering the following questions.

I have reviewed the job description for the position for which I am applying, which includes certain job functions or tasks and I can perform them. YES ___ NO ___.

If you are a person with a disability, or if you answered "no" to the previous question, are you willing to discuss what reasonable accommodations you may need at the appropriate time during the application process? YES ___ NO ___

**Applications without signatures will not be processed.*

**City of Mayfield, Kentucky * 211 East Broadway * Mayfield, Kentucky 42066
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www.cityofmayfield.org**