



CITY OF
MADISONVILLE
KENTUCKY

Application for Employment

Equal Opportunity Employer

Date Received:	Time Received:	Received By (Initials):
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Personal Information

Primary Position Applied For (Use correct position title):		Date of Application:
First Name:	Middle Name:	Last Name:
Home Phone:	Mobile Phone:	Email address:
Street Address:	City/State:	Zip Code:
Are you a U.S. citizen?		Yes No
Do you have a Valid Driver's License?		Yes No
Are you authorized to work in the U.S.?		Yes No
Have you served in the U.S. military?		Yes No
Do you have any relatives employed by the city?		Yes No
Have you previously been employed by The City of Madisonville?		Yes No
Are you currently on layoff status and subject to recall?		Yes No
Can you travel if job requires it?		Yes No
I am available to work the following days:		
Monday Tuesday Wednesday Thursday Friday Saturday Sunday		
Are you at least 18 years of age? Yes No		
I am available to work the following:		
Full-Time Part-Time Temporary Seasonal On Call		
I have the following skills:		
PC Fax Switchboard Copier Word Excel		
Do you have the following Certification?		
CDL Welding EMT Other _____		
How did learn about this position?		

Education

	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Employment

Add at least 3 employers					
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				

References

List at least 3 professional references	
Name _____ Address _____	_____ Telephone Number
Name _____ Address _____	_____ Telephone Number
Name _____ Address _____	_____ Telephone Number
I hereby certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.	
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.	
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.	
I understand that the City of Madisonville is an at-will employer.	
_____ Signature	
_____ Date	

**Please return completed application to 77 N. Main St. or mail to Human Resources, P. O. Box 705,
Madisonville, KY 42431.**

For more information, visit our website, www.madisonvilleliving.com, or call 270-824-2109

The City of Madisonville is an Equal Opportunity Employer.



CITY OF MADISONVILLE, 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 Human Resources 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 Human Resources 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 <input type="checkbox"/> Physical Characteristic <input type="checkbox"/> Other (If other, please attach explanation) <input type="checkbox"/>
7B. It is the result of: Disease <input type="checkbox"/> Injury <input type="checkbox"/> Congenital Condition of Birth <input type="checkbox"/> Functional Disorder <input type="checkbox"/> Other (If other, please attach explanation) <input type="checkbox"/>
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: _____