



14. **EMPLOYMENT HISTORY:** Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately. If you changed positions within the same organization and your duties changed significantly, describe **each** job in a separate block. Include Military work experience in this section. **When listing job duties, list those that took most of your time first.** If your application reflects incomplete or conflicting information (including employment dates and average hours) you may receive partial or no credit for this job.

**NOTE: A resume may be submitted for information in this section if it is signed and dated and includes the same information.**

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May we contact your present employer? Yes  No  If no, explain \_\_\_\_\_

<p>A. Employed from <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Day</td><td style="width: 20px;">Yr.</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> to <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo.</td><td style="width: 20px;">Day</td><td style="width: 20px;">Yr.</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p>Average hours per week <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> Last Salary _____</p> <p>Reason for Leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p>_____</p> <p>Phone: _____</p> <p>I was a Supervisor <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">From</td><td style="width: 20px;">To</td></tr><tr><td style="width: 20px;">Mo</td><td style="width: 20px;">Yr</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black; text-align: center;"><tr><td style="width: 20px;">Mo</td><td style="width: 20px;">Yr</td></tr><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table> Number Supervised _____</p>	Mo.	Day	Yr.				Mo.	Day	Yr.						From	To	Mo	Yr			Mo	Yr			<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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**NOTE: Please use additional copies of page 2 if more space is needed.**

15. **LICENSES OR CERTIFICATES:** Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. You must provide a copy or verification of the license/certificate.

Name of License or Certification	Original Lic. Issue Date	Current Lic. Expiration Date	Name and Address of Licensing Agency

16. **PROFESSIONAL ORGANIZATIONS:** Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES
1. _____		
2. _____		
3. _____		

17. **CHARACTER REFERENCES:** Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER
1. _____		
2. _____		
3. _____		

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

18. Have you been in the military service? Yes  No

BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	HIGHEST RANK ATTAINED
MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**COMPLETION OF SECTION 19 IS VOLUNTARY**

19. Information in this block is for statistical purposes and will be used only for purposes of compliance with Equal Employment Opportunity requirements.

GENDER		RACE		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/> a. White	<input type="checkbox"/> c. Hispanic	<input type="checkbox"/> e. American Indian or Alaskan Native
		<input type="checkbox"/> b. Black	<input type="checkbox"/> d. Asian or Pacific Islander	<input type="checkbox"/> f. Other

**~IMPORTANT ~ THIS SECTION MUST BE COMPLETED~**

20. **SIGNATURE** – I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future employment. I hereby authorize the City of Frankfort to make all necessary investigations concerning m, my work habits, character, or my action in any transaction. I authorize the Human Resources Department to receive and make available to other employers my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with the application. I understand and agree that I may be required to ratify the information contained in this application by signature as a condition of employment. I also understand that city government is a drug free workplace and that substance abuse testing is required for certain classifications.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

The City of Frankfort does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided by the Human Resources Department upon request.