EMPLOYMENT APPLICATION

Shelby County Fiscal Court

THIS APPLICATION IS CONSIDERED A TEST AND WILL BE GRADED.

<u>Please be detailed with your job descriptions and skills used on the job.</u>

READ ALL INSTRUCTIONS, AND SIGN AND DATE PAGE 7.

Shelby County Fiscal Court
Employment Application Instructions

Many applicants either have their applications rejected or their scores affected by application errors that may be avoided. The following information is an effort to help you avoid the most common mistakes. ***Please read these instructions carefully before submitting your employment application.*** ***Any misrepresentation in this application and/or attachments WILL cause your application to be rejected, your name to be removed from the eligible register and/or subject you to dismissal.***

➢ *GENERAL INFORMATION*

- **Please read the minimum requirements (and application notes if the job is posted) before applying.**
- Apply for positions **only** if you meet the minimum qualifications for the job. We cannot waive requirements.
- Type or print applications in blue or black ink.
- Application materials must be received by the announced deadline.
- Remember to sign and date your employment application and submit your driver's license and SS Card.
- Shelby County Fiscal Court applicants should provide accurate and complete application information regarding employment, education, criminal history, etc.
- Criminal record checks will be run on all applicants not currently employed with the Shelby County Fiscal Court, as well as those employees with less than six months of service. These record checks will be run prior to candidates being eligible for interview.
- **The following information is required for criminal record checks to be run: SSNO, birth date, driver's license and state in which it was issued, city and state of every employer.**
- Applications written in pencil or copies that are too light or damaged (bent, rolled, stained, etc.) are not acceptable.
- **Once submitted, your application and attachments will not be returned, reused or copied for you.**

➢ *EDUCATION RELATED INFORMATION*

Educational requirements are met only through accredited institutions. The institutions must be accredited by an agency recognized by the United States Department of Education. Foreign degrees must be converted.

In order for education to be credited, **original education, certification and similar documents are required with employment applications.** It is best to provide original transcripts in case specific courses are needed. It is also beneficial to bring certificates and diplomas for short courses completed, such as software, leadership courses, etc.

Not submitting original education, certification and similar documents at the time of admittance will result in a **your name not be certified** if the appointing authority specifically requests a degree or certification. As you renew licenses and certifications, please bring in your new documents for us to copy.

If your college diploma does not specify what your major field of study was, please submit an official transcript. Education credits may be awarded, in many cases, only if the specific degree is indicated.

It is best to include all levels of higher education documentation because credit may be given for a specific bachelor's degree that would not be evident on a master's diploma.

Even if you did not complete college, it is still beneficial to submit an official transcript of completed courses because partial credit may be awarded.

If you are applying for a position that requires a college degree and you either did not complete college, or completed but not in the required field, you must list your major undergraduate subjects and credit hours to be considered for admitting.

➢ *EMPLOYMENT RELATED*

Work history information is used to determine whether you qualify for the job for which you are applying.

List all periods of employment, beginning with your present or most recent employer and working back.

Title of position held should be your official title and not a working title or multiple titles.

It is especially important that you fill out the beginning and ending dates (month/year) and the average number of hours worked per week for each job listed. If the hours varied, list a range such as "5-15" hours, or "20-40" hours. If you often worked overtime, "40+" is acceptable in the hours box.

If you held different jobs while working for the same employer (e.g. promotions), treat each change as a separate job using separate blocks and giving specific information for each change.

Also, describe in detail the specific duties beginning with your primary duties. Job descriptions should include types of software used, specific equipment operated, languages programmed, customer service specifics and other such details. Preprinted job descriptions are not accepted in place of description of duties on the application form since they do not necessarily reflect your particular position.

Where you have held supervisory positions, titles of people supervised, not just the number of people, should be indicated in the "number and job title of employees you supervised" box.

For volunteer work, complete all applicable information and submit a letter on the organization's letterhead specifying the nature of the work, average number of hours worked per week and the beginning and ending dates.

Check your starting and ending dates for feasibility. Look for errors such as employed from 2/6/87-1/4/82 or a date of 14/2/93, or 6/8/19.

Please do not use abbreviations, initials or military jargon when describing your duties or listing your job title.

Include specific details such as software used, equipment operated, types of records maintained, etc.

If you cannot fit all the jobs you have held on this application form, ask for supplemental sheets for listing additional jobs (or copy any blank job page).

➢ *APPLICATION SUPPLEMENTS*

For Heavy Equipment Operator and Maintenance Worker applications, equipment lists must list employers and should be consistent with the employment history on your employment application.
If a position requires a license or certification you must have an up-to-date license/certification (e.g. driver's license, EMT, Paramedic) on file with the Human Resources Department to be considered for employment in that position.

Thank you for your interest in Shelby County Fiscal Court employment and good luck in your employment search.
5/6/2012

Shelby County Fiscal Court
Application for Employment
Shelby County Judge Executive's Office
419 Washington Street, Shelbyville, KY 40065
Phone (502) 633-1220/ Fax (502) 633-7623
Web Address: www.shelbycountykentucky.com/HR/hr.html
EEO/ADA Employer

***** Please read employment application instructions before completing this form *****

POSITION FOR WHICH YOU ARE APPLYING:		For Internal/Previous Employees Only: Transfer ☐ Reemploy ☐

Check **all** that you may be interested in: Full-Time ☐ Part-time ☐ Job-Share: ☐

Last Name	First Name	Middle Initial
Mailing Address	City	

State	Zip	Cell Telephone No.	Home Telephone No.	Business Phone No.	E-Mail Address

Driver's License #	State	Expiration Date	☐ Operators (Private Vehicle) ☐ CDL (present license for HR to copy)	License Class _____ Endorsement _____

Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). *Nature of Offense* *Name & Location of Court* *Date of Conviction*	☐ Yes ☐ No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. *Previous Last Name*	**(Inaccurate information here will result in disqualification.)** ☐ Yes ☐ No
Are you **currently** employed by Shelby County Fiscal Court? If yes, please give: *Department/Division*	☐ Yes ☐ No
Are you a former employee of the Shelby County Fiscal Court? If yes please give: *Last Date(s) of Employment* *Department / Division*	☐ Yes ☐ No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. *Employer* *Date and Reason*	☐ Yes ☐ No
Do you have any relatives working for the Shelby County Fiscal Court? If yes, please complete the following: (Continue listing relatives on a separate page if necessary)	☐ Yes ☐ No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.	☐ Yes ☐ No

Do you now hold or are you a candidate for an elective public office?	☐ Yes ☐ No
References	☐ Yes ☐ No

Name	Telephone Number

For Office Use Only:
Date and Time Received

Accepted by: [ ]

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one)	Did you graduate from High School or obtain a GED?	Name and Location of Last School Attended (High School, Junior High or Elementary)
☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12	☐ YES ☐ NO	Name: _____ Location: _____

Indicate the **number** of courses completed in each subject: ____ algebra ____ biology ____ bookkeeping ____ calculus ____ geometry ____ trigonometry

Related Special Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, Etc.-*provide original doc's for HR to copy*)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE)

*****Must be from a recognized accredited school - Bring original transcript with initial application*****

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Credit Hours		Degree **Earned** (e.g.BA/BS) List **IF** completed	Major	Minor
	From	To	Semester	**OR** Quarter			

Major **Undergraduate** College Subjects	Credit Hours		Major **Graduate** College Subjects	Credit Hours	
	Semester	**OR** Quarter		Semester	**OR** Quarter

RELATED LICENSES (*provide current original for HR to copy*)

Professional License Issued By	Field/Trade Specialization	License Number	Issue Date	Expiration Date

SKILLS

☐ Access	☐ Hansen	☐ Drafting	☐ Excel/Lotus	☐ Other software	Languages spoken and written FLUENTLY
☐ ORACLE	☐ GIS	☐ Auto Cad	☐ Word/WordPerfect	_____	
☐ Approach		☐ Typing ____wpm	☐ PowerPoint	_____	_____
					_____

Also include specific software experience in your job descriptions.
Ask about PC skills exams and provide **original** certificates of courses completed.

EMPLOYMENT HISTORY

May we contact your present employer? YES ☐ NO ☐ Comment:

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving				
Title of Position Held		Number & Job Title of Employees you Supervised		

Describe job responsibilities in order of importance:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer	Hours per Week	Name & Title of Immediate Supervisor	Telephone Number	
Reason for Leaving				
Title of Position Held		Number & Job Title of Employees you Supervised		

Describe job responsibilities in order of importance:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

4	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

6	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

7	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address **(city and state are required)**	
☐ Paid Work ☐ Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number
Reason for Leaving				
Title of Position Held			Number & Job Title of Employees you Supervised	
Describe job responsibilities in order of importance:				

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give the Shelby County Fiscal Court the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the Shelby County Fiscal Court by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with the Shelby County Fiscal Court and does not obligate the Shelby County Fiscal Court to me in any way. **I further understand that any misrepresentation herein WILL cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal**. Candidates selected for hire must pass a physical and drug screen prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. The Shelby County Fiscal Court is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of the Shelby County Fiscal Court records and will not be returned, reused or copied for me once submitted. I am also aware that my application is subject to the Louisiana open records law and may be released as a public document.

Please read the minimum requirements (and application notes if the job is posted) before applying.

By my signature, I certify, authorize and acknowledge the above statements.

Signature	Date	Social Security Number

(Unsigned applications will not be considered)

Reminder: With your application, bring original transcripts, training certificates, licenses & certifications (e.g. driver's license, EMT, Paramedic) and other documents as indicated in the application instructions. If a certification or license is renewed after submission of this application, please bring in your current document for us to copy. An expired credential may result in you not being considered for a vacancy.

APPLICANT DATA

The information requested in the following questions will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community, to meet federal EEO reporting requirements and to conduct background checks.

Last Name	First Name	Middle Initial

Social Security Number **(required)**	Date of Birth **(Req'd)**	Month	Date	Year	Female ☐ Male ☐

Ethnic Origin		Race		
Hispanic or Latino ☐	Non-Hispanic or Non-Latino ☐	American Indian/ Alaskan Native ☐	Native Hawaiian or other Pacific Islander ☐	
		Asian ☐	Black ☐	White ☐

Please indicate how you learned about this job (check one):

Media	**Job Posting**	**Organizations**	**Other**
The Shelby Sentinel ☐	County Bulletin Board ☐	High school ☐	I'm a County employee ☐
Trades Journal ☐ Which one? _____	Weekly job announcement ☐	Vocational/Trade School ☐ Which one? _____	Referred by County employee ☐
Radio ☐ Which station? _____	Continuous recruitment list ☐	College ☐ Which one? _____	Walk-in ☐
Television ☐ Which station? _____	City bulletin board ☐ Where? _____	Minority referral source ☐ Which one? _____	Job Fair: _____ ☐
Other: _____ ☐	Other: _____ ☐	Other: _____ ☐	Other: _____ ☐