

# Frankfort Plant Board

## Application For Employment

**PLEASE PRINT OR TYPE**

We consider applicants for positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other protected status.

APPLICANTS SHOULD COMPLETE ALL SECTIONS OF THIS APPLICATION UNLESS OTHERWISE INDICATED. APPLICANTS **MAY NOT** SUBSTITUTE A RESUME IN PLACE OF THE COMPLETED APPLICATION.

Position Applying For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

How Did You Learn About This Opening?

Advertisement  Friend  Employment Service Office

Current FPB Employee  Referral Agency  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Telephone Number(s). Include a Daytime Number. Include Area Code.**

\_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes  No

Have you ever been employed with us before?  Yes  No

If Yes, give date: \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer for references?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status:  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_ Yes \_\_\_ No

Can you travel if a job requires it? \_\_\_ Yes \_\_\_ No

Have you been convicted of any criminal offenses (except for juvenile offenses)? \_\_\_ Yes \_\_\_ No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain and list conviction(s), dates(s) and location (county, city, state):

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# Educational Background

List previous three (3) educational institutions attended, beginning with the most recent.

School: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduated: \_\_\_ Yes \_\_\_ No Degree(s)/Diploma(s) Earned: \_\_\_\_\_

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School: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduated: \_\_\_ Yes \_\_\_ No Degree(s)/Diploma(s) Earned: \_\_\_\_\_

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School: \_\_\_\_\_ City, State: \_\_\_\_\_

Graduated: \_\_\_ Yes \_\_\_ No Degree(s)/Diploma(s) Earned: \_\_\_\_\_

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Summarize special skills and training not listed above. Please list all software programs you have at least a general working knowledge of:

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Describe any honors you have received:

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State any additional information you feel may be helpful to us in considering your application:

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# Drivers License / Professional License / Skills

Drivers License:  Yes  No

Professional Licensure/Affiliation:  Yes  No

Type and State: CDL:  Yes  No

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License Number: \_\_\_\_\_ State: \_\_\_\_\_

Any Traffic Violations, 3 years:  No  Yes

Expiration Date: \_\_\_\_\_

Ever suspended?  No  Yes

When: \_\_\_\_\_

Why: \_\_\_\_\_

Skills (if appropriate)

Check for training/experience within the last three years.

Dictaphone  Bookkeeping  Forklift  Driver  Switchboards # Lines: \_\_\_\_\_

Programming  Data Entry  Electronic Repair  Spreadsheet  Data Base

Word Processor  Software  Personal Computer  Maintenance  Water Dist.

Sewer  Cable TV  Electrical  Plumbing  Building

Water Treatment  Grounds  Other \_\_\_\_\_

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:* \_\_\_\_\_

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# Employment Experience

List all jobs, starting with your present or most recent position. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

3. Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

4. Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

5. Employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Hourly Rate/Salary Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

6. Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

7. Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

8. Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

9. Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

10. Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Job Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_ Check here if you have had more than TEN employers.

# Applicant's Statement

**UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of my credit history (if appropriate) and all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize and request that all my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performances, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

The Frankfort Plant Board makes all job offers contingent upon successful completion of a physical examination, and a drug screen test.

I understand that if I do not successfully complete the drug screen test, the company may refuse to employ me, and I agree to hold the company harmless for such refusal.

I understand that a job offer may be withdrawn as a result of the physical examination if I do not meet the necessary job-related physical or psychological employment criteria and if there are no reasonable accommodations that would enable me to perform the essential functions of the job.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

This application will only be considered for the specific position that you are applying for at this time. Any applicant wishing to be considered for other employment opportunities should maintain an ACTIVE status with the State's Office of Employment and Training. Unless specifically indicated, when an opening exists all applications must be submitted at the Office of Employment and Training.

I understand that I will be considered for the open position based upon qualifications and without regard to my race, color, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

I understand that neither this document nor any verbal promises made by Frankfort Plant Board or representative employee may be constituted as an employment contract.

If I need an accommodation during the application process, I will notify the Office of Employment and Training representative. I will notify the Frankfort Plant Board representative if I need an accommodation during the interview process.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED**

# Employment Data Record

Employees and applicants are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

## Voluntary Survey

Position you are applying for: \_\_\_\_\_

Date: \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Check One  Male  Female

Check one of the following: (Race and Ethnicity )

Hispanic or Latino (Are you Hispanic or Latino? If yes, check this line.)

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

*WE ARE AN EQUAL OPPORTUNITY EMPLOYER*