

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.

Is the hourly rate of pay advertised for this position acceptable to you? Yes No

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):

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: _____

School: _____ City, State: _____

Graduated: ___ Yes ___ No Degree(s)/Diploma(s) Earned: _____

School: _____ City, State: _____

Graduated: ___ Yes ___ No Degree(s)/Diploma(s) Earned: _____

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

Describe any honors you have received:

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

Drivers License / Professional License / Skills

Drivers License: Yes No

Professional Licensure/Affiliation: Yes No

Type and State: CDL: Yes No

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: _____

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.

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

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 _____

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