# **EMPLOYMENT APPLICATION**

### **Shelby County Fiscal Court**



## THIS APPLICATION IS CONSIDERED A TEST AND WILL BE GRADED.

Please be detailed with your job descriptions and skills used on the job.

### 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. <u>Please read these</u> <u>instructions carefully before submitting your employment application</u>. 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 **<u>only</u>** 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, <u>original</u> 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 <u>all</u> 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 <u>detail</u> 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 FO	R WHICH									For Internal/Previous		
YOU ARE APP										Employees Only:		
									'	Transfer 🗌 Reemploy 🗌		
Check all that	you may be	interes	sted in:	Full-Tir	ne 🗌	Pa	rt-ti	me 🗌 Job-S	hare:			
Last Name						First Name				Middle Initial		
Mailing Address						City						
State	Zip	Cell	Felephon	e No.	Home	Telephone No.		Business Phone No.	E-M	Mail Address		
Driver's License	: #	State		Expiration	n Date			Operators (Private Vehicle	.)	License Class		
								CDL		Endowement		
									)	Endorsement		
Have you ever b	een convicte	d of a fe	elony sin	ce vour 18	th birthd	av? If you answ		esent license for HR to copy l yes, please complete the	y)			
	viction is not		matic ba		yment. E	Each case is con	side	red on its individual merits) e of Conviction		Yes No		
A										(Inaccurate information		
Are any of your employment reco	ords found u	or nder								here will result in		
a different last na	ame? If yes,									disqualification.)		
please give the la										Yes No		
Previo	us Last Nam	ie										
Are you <b>currently</b> employed by Shelby County Fiscal Court? If yes, please give:												
Depart	tment/Divisio	on								Yes No		
Are you a forme	r employee o	of the Sh	nelby Co	untv Fisca	Court?	If yes please give	ve:					
	ate(s) of $Em$					Division				Yes No		
Have you ever be resign from any										Yes No		
employer, date a		Emplo	yer									
		Date a	nd Reaso	on								
<b>D</b>	1.1	1. 0										
Do you have any Shelby County F												
complete the foll		п усз,	picase							Yes No		
(Continue listing		a separ	ate page	if								
necessary)												
If h : d												
If hired, are you work in the Unit												
non citizens, a co										Yes No		
authorization to		by										
the U.S. Immigra Naturalization Sector		he										
submitted prior t												

Do you now hold or are you a candidate for an elective pu	Yes No		
References		Yes No	
Na	me Telephone Number	For Office Use Only: Date and Time Received	
		Accepted by: [ ]	

		EDU	CATION ANI	) TRAINING						
		-		SCHOOL EDUCA						
Highest Grade Completed (choose one)     1   2   3   4   5   6     7   8   9   10   11   12	Did you a GED?		rom High School	l or obtain NO	in Name and Location of Last School Attended (High School, Junior High or Elementary) Name: Location:					
Indicate the <b>number</b> of courses completed	l in each s	ubject:	alg	ebra b			okkeeping			
r										
					eometry					
Related Special Training (Correspon		siness, Tra	des, Vocational	, Armed Forces S	chools, Etc	provide	original doc's fo	r HR to copy)		
Names and Locations of School		& Yr) To	Courses	s/Subjects Comple	ted	Credi Hour		as/Certificates eceived		
				D (UNDERGRAI						
**Must be from a recog							itial applica	tion**		
Names and Locations of School(s)	Dates Attended (Mo & Yr) From To			t Hours	Degree <u>Earned</u> (e.g.BA/BS) List <b>IF</b> completed		Major	Minor		
	From	10	Semester	Quarter	I I I I I I I I I I I I I I I I I I I					
Major <u>Undergraduate</u> College Subjects	Credit Hours			Major <u>Graduate</u> College Subjects			Credit Hours			
	Sem	ester OF	Quarter	Conce	e Subjects		Semester	OR Quarter		
								-		
			-	rrent original for .		)	Issue	Expiration		
Professional License Issued By	Field	l/Trade Sp	ecialization	Licens	e Number		Date	Date		
								_		
				~						
Access Hansen D	rafting	Г	SKILLS Excel/Lotus		Other softwa	re	Language	es spoken and		
	-				Julei soltwa	ic.	written F	LUENTLY		
	uto Cad	_	Word/WordPe		_					
	yping	-	PowerPoint		_					
Also include specific software Ask about PC skills exams and provid				pleted.						

EMPLOYMENT HISTORY												
May we contact your present emp	loyer? YES	NO [	Comm	mment:								
1 Starting Date month / day / year	Ending D month / day	Date 7 / year	Employer/Comp	Employer/Company Name and address (city and state are required)								
Paid Work Voluntee	er Hours p	ber Week	Name & Title o	f Immediate Supervisor	Telephone Number							
Reason for Leaving												
Title of Position Held	Title of Position Held Number & Job Title of Employees you Supervised											
Describe job responsibilities in or	der of importance	:										
Starting Date	Ending D	Date	Employer/Com	oany Name and address (city a	and state are required)							
2 month / day / year	month / day											
Paid Work Voluntee	Hours p	oer Week	Name & Title o	f Immediate Supervisor	Telephone Number							
Reason for Leaving			1									
Title of Position Held				Number & Job Title of Employees you Supervised								
Describe job responsibilities in or	der 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 o	Telephone Number				
Reason fo	or Leaving	I	1		L			
Title of P	osition Held			Number & Job Title of Employees ye	ou Supervised			
Describe	job responsibilities in ord	er of importance:						
	Starting Date	Ending Date	Employer/Com	pany Name and address (city and state	are required)			
4	month / day / year	month / day / year	r J					
Paid	Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number			
Reason fo	or Leaving		·					
Title of P	osition Held			Number & Job Title of Employees you Supervised				
Describe	job responsibilities in ord	er of importance:						

5	Starting Date month / day / year	Ending Date month / day / year	Employer/Com	pany Name and address ( <b>city and st</b>	ate are required)
3					
Paid	Work Volunteer	Hours per Week	Name & Title o	Telephone Number	
Reason fo	r Leaving				
	osition Held			Number & Job Title of Employee	you Supervised
				Number & Job Thie of Employee	s you supervised
Describe	job responsibilities in orde	er of importance:			
	Starting Date month / day / year	Ending Date month / day / year	Employer/Com	pany Name and address (city and st	ate are required)
6	5 5				
Paid	Work Volunteer	Hours per Week	Name & Title o	f Immediate Supervisor	Telephone Number
Reason fo	or Leaving				
Title of P	osition Held			Number & Job Title of Employee	s you Supervised
Describe	job responsibilities in orde	er of importance:			

7	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and address (city and state are required)						
Paid	Paid Work Volunteer			of Immediate Supervisor	Telephone Number				
Reason fo	or Leaving		1						
Title of P	osition Held			Number & Job Title of Employees you Supervised					
Describe	job responsibilities in orde	er of importance:		1					

#### 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.

				AP	PLICA	NT DATA							
The information requirecruitment efforts a													as.
Last Name	ne					Middle Initia	al						
Social Security Number ( <b>required</b> ) Da B ( <b>R</b>				Month		Date	Ye	Year		Female		Male [	]
Ethni	ic Origin						R	ace					
Hispanic or				American Indian/ Alaskan Native 🗌 Nat					ative Hawaiian or other Pacific Islander				
Latino	Non-Latino			Asian		Black					White		
		Pleas	se indic	ate how you	learneo	l about this	job (che	ck one	):				
Media		Job Pos	sting	ting Organizations					S Other				
The Shelby Sentinel		County	Bulleti	n Board		High school				I'm a	County empl	oyee	
Trades Journal Which one?	_	Weekly	job anı	nouncement		Vocational/Trade School				Referr emplo	red by County	/	
Radio Which station? _		Continu	Continuous recruitment list			College Which one?		Walk-in					
Television Which station?		-	City bulletin board Where?			Minority referral source				Job Fa	air:		
Other:		Other:				Other:				Other	:		