

Woodford County Fiscal Court 103 S. Main St. Versailles, Ky. 40383 859-873-4139 Fax 859-873-0196

Personal Information		
Name:		
Date:		
Do you have A Valid Drivers Licens	se:	
Home Address		
City,State,Zip:		
Home Phone:	Business Phone:	
Position Applying For		
Title:	Salary Desired:	
Referred By:	Date Available:	
Education		
High School(Name,City,State)		
Did You Graduate:		
Business or Technical School:		
Did You Graduate:	Degree,Major:	
Undergraduate College:		
Did You Graduate:	Degree,Major:	
Graduate School:		
Did You Graduate:	Degree,Major:	
	References	

From	То	Address	City	Stat

List chronologically all employments beginning with your present employment. If unemployed for a period, include dates of unemployment.

Employment	
Name & Address of Last employer:	
Job Title:	From: To:
Supervisors Name:	Telephone #:
Starting Salary:	Ending Salary:
Specific Duties and Responsibilities:	
Reason for Leaving:	
Was position full of part time:	Hours worked per week:

Employment	
Name & Address of Last employer:	
Job Title:	From: To:
Supervisors Name:	Telephone #:
Starting Salary:	Ending Salary:
Specific Duties and Responsibilities:	
Reason for Leaving:	
Was position full of part time:	Hours worked per week:

Employment	
Name & Address of Last employer:	
Job Title:	From: To:
Supervisors Name:	Telephone #:
Starting Salary:	Ending Salary:
Specific Duties and Responsibilities:	
Reason for Leaving:	
Was position full of part time:	Hours worked per week:

	Cour	rt Data	
Have you ever been con	victed of any felonies? N	oYes	
If yes, describe:			
List Personal Referen	ces		
Name	Phone Number	Best Time to Call	Disposition
AUTHORIZATION			
knowledge. I understand that a nire, or dismissal if I have been understand that any employmathoroughly investigate all state disclose information regarding giving me prior notice of such	ny false statement, omission, or mismon employed, no matter when discoverent is conditional a background investments contained in my application of my former employment, character a disclosure. In addition, I release the	ring resume, if any) are true and compensation on this application is streed by the Woodford County Fiscal estigation. I authorize the Woodford resume, and I authorize my former and general reputation to the Woodford Woodford County Fiscal Court, any at of or related to such investigation of	sufficient cause for refusal to Court. County Fiscal Court to employers and references to rd County Fiscal Court, without former employer and all
employment contract. I further state and local ordinances cover	understand and agree that if I am hit ring the position for which I am app	conveyed during any interview, is in red, my employment will be in accor- lying. No promises regarding employ the Woodford County Fiscal Court	dance with applicable federal,
o a medical examination or dri- consent to such examination an of the examination, which resul- continued employment, to the e	ag test at any time deemed appropriated test, and I request that the examinites will remain confidential and segrentestent permitted by law, is contingen	drug test before starting work. If empte by the Woodford County Fiscal Cong doctor disclose to the Woodford egated from my personnel file. I under tupon satisfactory medical examinated ford County Fiscal Court Drug and	Court and permitted by law. I County Fiscal Court the results erstand that my employment or tion and drug test, and if I am

I understand that filling out this form does not indicate there is a position open and does not obligate the Woodford County Fiscal Court to hire. If hired, I agree to abide by all Woodford County Fiscal Court rules, policy and procedures. The Woodford County

DATE_____SIGNATURE____

Fiscal Court retains the right to revise its polices or procedures, in whole or in part, at any time.