

Email Completed Form To:  
dylan.lambert @ rcky.us

## ROWAN COUNTY FISCAL COURT

### Application for Employment An Equal Opportunity Employer

(Please Type or Print)

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

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

Address: \_\_\_\_\_  
Number Street City State Zip Code

Phone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ S.S. No. \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

What other work can you do? \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Walk-In \_\_\_\_\_ Employment Agency

Salary or Wages Expected: \_\_\_\_\_

Are you 18 or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you filed an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date: \_\_\_\_\_

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give date: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact you present employer? \_\_\_\_\_ 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 will be required upon employment.)

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

Are you available to work: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal

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

Do you have a CDL License? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid Kentucky Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

**What equipment can you operate pertaining to the job you are applying for:**

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**Are you a veteran of the U.S. Military Service?**  Yes  No

**CRIMINAL CONVICTIONS**

**Have you ever been convicted of an offense against the law or forfeited collateral or are you now under charges for any offense against the law except (1) traffic violations for which you paid a fine \$65 or less; and (2) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a Youth Offender Law**  Yes  No

**CONVICTIONS FOR ALL APPLICANTS**

**Have you ever been convicted of a felony?**  Yes  No

**If you answered "Yes", give details below. Show each offense the following: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.**

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**NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of, and how long ago are important. Give all of the facts so that a decision can be made. Use additional sheets of paper if necessary.**

**EDUCATION**

|                       | <b>Name of Institution</b> | <b>Dates</b> | <b>Degree/Subject/Yrs Completed</b> |
|-----------------------|----------------------------|--------------|-------------------------------------|
| <b>High School:</b>   | _____                      | _____        | _____                               |
| <b>College:</b>       | _____                      | _____        | _____                               |
| <b>College:</b>       | _____                      | _____        | _____                               |
| <b>Other:</b>         | _____                      | _____        | _____                               |
| <b>Training:</b>      | _____                      | _____        | _____                               |
| <b>Certification:</b> | _____                      | _____        | _____                               |

**EMPLOYMENT HISTORY**

**GIVE THE NAMES OF THE COMPANIES FOR WHOM YOU HAVE WORKED  
(Please Print)**

**Present or Last Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Wages:** \_\_\_\_\_

**Title/Occupation:** \_\_\_\_\_

**Reason For Leaving** \_\_\_\_\_

\_\_\_\_\_

**Nature of Work Done:** \_\_\_\_\_

.....

**Next Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Wages:** \_\_\_\_\_

**Title/Occupation:** \_\_\_\_\_

**Reason For Leaving** \_\_\_\_\_

\_\_\_\_\_

**Nature of Work Done:** \_\_\_\_\_

.....

**Next Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Wages:** \_\_\_\_\_

**Title/Occupation:** \_\_\_\_\_

**Reason For Leaving** \_\_\_\_\_

\_\_\_\_\_

**Nature of Work Done:** \_\_\_\_\_

**REFERENCES**

| NAME | ADDRESS | PHONE | TYPE OF BUSINESS |
|------|---------|-------|------------------|
|      |         |       |                  |
|      |         |       |                  |
|      |         |       |                  |

State any additional information you feel may be helpful in considering your application.

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**PLEASE READ THIS CAREFULLY BEFORE SIGNING**

**CERTIFICATION:** I certify that all of the information contained on this application as well as any resumes or attachments submitted with this application, are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. Failure to comply with these terms may result in my termination. I hereby acknowledge I have been advised that the processing of this application may require a routine inquiry concerning my character, general reputation, personal characteristics, mode of living, and that school, employment, police and criminal records may be reviewed. I am further advised that Public Law 91-508 gives me the right to additional information on the nature of scope of such investigations, upon written request from me within a reasonable time. If selected as a candidate for employment with Rowan County, I agree to be tested for illegal drugs prior to being hired.

It is our policy that all employees who do not have a separate, individual employment contract with Rowan County for a specific, fixed term of employment are employed at the will of the County for an indefinite period. Employees may resign from the County at any time, for any reason, and may be terminated by the County at any time, for any reason, and with or without notice. No County representative except the Judge/Executive of Rowan County is authorized to modify this policy for any employee or to enter into any agreement, oral or written, contrary to this policy. Supervisory and management personnel shall not make any representations to employees or applicants concerning the terms or conditions of employment with the County which are not consistent with the above.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**ROWAN COUNTY FISCAL COURT**

**APPLICANT RELEASE**

**I forever release and discharge the Rowan County Fiscal Court, my previous employers and their respective agents and any independent contractors from any claims, damages, losses, liabilities, cost and expenses related to gathering and reporting information about my prior employment, criminal record information pursuant to this release and from any other charges or complaints filed with any agency related to obtaining and/or reporting any information pursuant to this release.**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ROWAN COUNTY JUDGE/EXECUTIVE**

\_\_\_\_\_  
**DATE**