

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**

Please mail completed application to:

275 Beasley Drive
Versailles, KY 40383

Or fax application to:

(859) 873-7708

OFFICE USE ONLY:

Date received:

Reviewed by:

Hold until:

Section I: GENERAL INFORMATION

PLEASE COMPLETE Sections 1-4.

DATE _____

Name _____

Last

First

Middle

Maiden

Present address _____

Number

Street

City

State

Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Home Phone () _____ Cell Phone () _____

Email: _____

Are you under age 18 ___YES ___NO, if "YES", can you provide proof of your eligibility to work? ___YES ___NO

Are you currently authorized to work in the United States? ___YES ___NO. Proof of eligibility will be required if hired.

Position applied for : _____

Wage desired: _____

Days/hours available to work (**check all that apply**)

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME SEASONAL

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

By initialing here, you give VW CPRD the right to run a background check. _____

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Section III: WORK HISTORY

Work experience Please list your work experience for the **past three years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Employer Name			
Address	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone Number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer Name			
Address	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone Number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? _____

Section IV: APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

As indication that you have read and understood each sentence, please initial in the spaces provided below.

In exchange for the consideration of my job application by Versailles-Woodford County Parks and Recreation, (hereinafter called "VWCPRD"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other VWCPRD practices, shall serve to create an actual or implied contract of employment, _____ or to confer any right to remain an employee VWCPRD, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, _____ and that relationship cannot be altered except by a written instrument signed by the Director/Supervisor of VWCPRD. _____ Both the undersigned and VWCPRD may end the employment relationship at any time, without specified notice or reason. _____ If employed, I understand that VWCPRD may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. _____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. _____ I hereby give VWCPRD permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release VWCPRD from any liability as a result of such contact. _____

I understand that my application will stay on file for a period of 90 days and after that time it is my responsibility to re-submit or re-file my application. _____

I understand that, in connection with the routine processing of my employment application, VWCPRD may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. _____ Upon written request from me, VWCPRD, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

I further understand that my employment with VWCPRD shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with VWCPRD is terminable at will for any reason by either party. _____

Signature of applicant _____ **Date:** _____

VWCPRD is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with VWCPRD depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.