



Dennis Benningfield  
MAYOR

CITY OF CAMPBELLSVILLE  
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## EMPLOYMENT APPLICATION

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, medical condition, or disability.

Applying for a position with:  Water & Sewer System  City of Campbellsville

**Name:**

Last  First  Middle

**Current Address:**

Street  City  State  Zip Code

**Phone Number:**

(  )  
(  )

Are you 18 years of age or older?  Yes  No

Are you lawfully authorized to work in the United States?  Yes  No

Date Available For Work:

Position Applied For:

Salary Desired:

Will You Perform Shift Work?

Yes  No

Have You Ever Been Convicted of a Felony?

Yes  No

**Education:**

	Name and Location of School	Number Of Years Attended	Did You Graduate?	Subject/ Major
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trade/Special Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Honors Received:

Special Skill(s) or Certificate(s) Achieved:

Office Machines and/or Software Programs Used:



*The City of Campbellsville is an At-Will Employer.*  
This institution is an equal opportunity provider and employer.



**Employment History:**

List your current or most recent employer first.

Name of Employer:	Supervisor:
Address:	Dates Employed: From (mo/yr) To (mo/yr)
City, State:	Hourly Rate/Salary Beginning \$ Final \$
Position:	Reason for Leaving/Wishing to Leave:
Duties:	

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**References: (Three Persons Not Related to You)**

Name	Address	Telephone	Relationship

Current Hobbies, Interests, or Favorite Recreation:

May we call your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please Read The Following Before Signing Application:**

- 1) I certify that the answers given herein are true and complete to the best of my knowledge.
- 2) I authorize investigation of all statements contained in this employment application and additional background investigation as may be necessary in arriving at an employment decision.
- 3) 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.
- 4) I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.
- 5) I understand that upon offer of employment, I will be required to submit to a pre-employment drug screening and criminal background check.
- 6) I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.
- 8) I authorize the City of Campbellsville's authorized personnel to contact my references listed above.
- 7) I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date