

Applications are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non job-related medical conditions or disability.

**EMPLOYMENT APPLICATION**  
**HOPKINS COUNTY PUBLIC WORKS**  
56 N. Main Street  
P.O. Box 523, Madisonville, Kentucky 42431  
An Equal Opportunity Employer

All positions are subject to a Background and Driver's License check.

**APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment #  
City State Zip Code

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, are you authorized to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**JOB INTERESTS/SKILLS**

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you applied for a position here before? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, when? \_\_\_\_\_

Type of employment requested \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

Date you could begin working \_\_\_\_\_

Summarize any other special skills or qualifications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Degree: \_\_\_\_\_

**REFERENCES**

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES \_\_\_\_\_ NO \_\_\_\_\_

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Verification of eligibility to work in the United States must be satisfied for an offer to be made. This application for employment shall be considered active for a period of time not to exceed 6 months. I understand and consent that if I am offered employment, I will submit to a pre-employment physical and drug screen and will participate in the Hopkins County Anti-Drug Program. I understand that neither this document; nor any verbal promises made by this employer or representative employee may be constituted as an employment contract. 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_