

Mt. Washington Police Department  
180 Landis Lane  
Mt. Washington, KY 40047  
Phone: 502-538-8143  
Fax: 502-538-2465

## **Application for Employment Application Checklist**

For proper processing, each page in this package must be printed on a separate sheet of paper. Double-sided copies are not acceptable.

The following checklist is intended to help you properly complete the process of applying for employment with the City of Mt. Washington. Read this checklist and any instruction sheets in their entirety before beginning the application.

**Read both pages of this Application Checklist**

**Read the Application for Employment Form Instructions**

**Complete the Application for Employment form according to the Application for Employment Form Instructions. The Employment Experience Section must be completed by all applicants.**

**If necessary, print and complete additional pages for employment history as described in the Application for Employment Instructions.**

**If you are applying for more than one position, complete the Multiple Application Form, listing all the positions for which you are applying. If you are not applying for more than one position, then the Multiple Application Form can be discarded.**

**Complete the top portion of the Results Form. Be certain to read the items at the bottom of the form.**

**If you are applying for more than one position, complete a separate Results Form for each position for which you are applying. Print out additional copies of the Results Form as necessary.**

**Complete the Authorization for Record Check**

**Read the Applicant Tracking Sheet and complete the sheet if you choose to do so. Completion of the Applicant Tracking Sheet is strictly voluntary.**

**Complete the top portion of the Confidential Reference Request. Complete only the items in the shaded portion of this form. You should complete a separate Confidential Reference Request for each previous job you list in the Employment Experience Section of the Application for Employment form.**

**If you require additional copies of the Confidential Reference Request, print additional copies of that page of the packet. Confidential Reference Request forms are not needed for employers that are now out of business or for current employers you do not want us to contact.**

**Carefully review each document for completeness and signature.**

**Enclose copies of any required documentation specified as a requirement for the job posting (i.e. high school diploma/GED, college transcripts, driver's license, certificates, etc.).**

**If you wish, enclose a resume'. The resume' will provide additional information but may not be substituted for any part of the application packet.**

**Bring your completed application to our office (at the address listed below) by the filing deadline or enclose all application material in a suitable envelope and send via mail or delivery service to the address below. Additional postage may be required. If a position for which you are applying has a Filing Deadline, then your application must be received in the office by that deadline. Your application will not be considered if it does not meet the deadline.**

**Mt. Washington Police Department  
180 Landis Lane  
P.O. Box 285  
Mt. Washington, Ky 40047**

**AN EQUAL OPPORTUNITY EMPLOYER**

## APPLICATION FOR EMPLOYMENT INSTRUCTIONS

The following set of instructions is intended to help you fill out the application for employment with the City of Mt. Washington. If you need special accommodations or assistance with filling out the application, ask the Police Clerk. You **MUST** follow these instructions as closely as possible. It is **YOUR** responsibility to provide those who review the application with enough information to determine whether or not you meet the minimum qualifications. Some positions require proof of education, verification of address, a birth certificate, professional licenses and certificates, and verification of a valid driver's license. You must provide a copy of the required documents when submitting your application. **APPLICATIONS WITHOUT THE REQUIRED DOCUMENTATION WILL DELAY PROCESSING OR COULD RESULT IN DISQUALIFICATION.** Do not leave any blanks. Put N/A in any space not applicable to you. Please use blue or black ink pen. If you have any questions, ask the Police Clerk.

Page 1:

**A) TITLE OF POSITION**

List the position in which you are applying for. If you are applying for more than one position, leave the Title of Position blank, and complete the separate Multiple Application Form contained in this packet. List all of the positions for which you are applying on the Multiple Application Form.

**B) SOCIAL SECURITY NUMBER/DATE OF APPLICATION/PERSONAL INFORMATION**

List your Social Security Number, Date of Application and all Personal Information (name, address, mailing address, phone and e-mail), as we may need to contact you regarding your application. (This information is protected and secured.)

**C) RELATED INFORMATION**

Please complete this related information, (previous applications/employment with the City, prior names known by, and other requested information). Complete to the best of your knowledge.

Page 2:

**A) TYPE/HOURS OF EMPLOYMENT**

Please provide your preference of employment days and times. (NOTE: as some positions require specific hours and days of operation work schedules cannot be changed to accommodate applicant needs.)

**B) LICENSE AND CERTIFICATES**

For Trade or Professional license or certificates, provide license number or certificate numbers, the issuing agency, group, board, or committee and expiration dates where applicable. If additional space is needed, use a separate sheet of paper.

**C) EDUCATION AND TRAINING**

Indicate highest grade level completed. For all indicated levels of education, provide school names, addresses, dates attended and dates of graduation. For college, indicate number of hours completed (semester or quarter), major course of study, minors, and the name(s) of the degree(s). Provide documentation to verify your education.

**D) SPECIALIZED EQUIPMENT AND MACHINERY**

List any specialized equipment and machinery in which you have operations experience (i.e. office equipment, postage meters, personal computers, video equipment, heavy equipment-bulldozers, backhoes).

Pages 3-4:

**A) WORK EXPERIENCE**

Beginning with present or most recent job. Do not leave out any employment experience. You may include verifiable volunteer experience. Be sure to indicate ALL required information, i.e. dates of employment, name of employer, address (including ZIP code), phone number, title of position, hours worked per week, name of supervisor, etc. describe your duties and responsibilities in as much detail as possible. Failure to provide enough information may result in your application being disqualified. If you need additional sheets, print out as many copies of the Employment Experience page as you need, or see the Police Clerk.

**B) SIGNATURE**

Complete the application by reading the disclaimer and signing the application. Applications which are unsigned cannot be processed and could cause delays in your employment opportunities.

## EMPLOYMENT APPLICATION

**PRINT IN INK OR TYPE.** Answer each item completely and accurately. Incomplete answers may disqualify you or cause delays. FALSE answers may lead to disqualification of this application or dismissal.

### TITLE OF POSITION (DO NOT ANSWER: OFFICIAL USE ONLY)

(leave blank only if applying for more than one position)

Posting Type

Job Class Code

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SOCIAL SECURITY NUMBER:	DATE:
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NAME(FIRST) MIDDLE LAST SUFFIX(Jr/Sr)

HOME ADDRESS (NUMBER AND STREET) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT THAN ABOVE)

PHONE(HOME) PHONE(CELL) EMAIL ADDRESS

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF MT. WASHINGTON? YES NO

IF YES, HAS IT BEEN WITHIN THE PAST SIX MONTHS TWELVE MONTHS LONGER

PRIOR OR ADDITIONAL NAMES KNOWN BY: \_\_\_\_\_

21 OR OLDER? YES NO U.S. CITIZEN? YES NO

PREVIOUSLY EMPLOYED BY THE CITY OF MT WASHINGTON? YES NO IF YES, JOB TITLE/LOCATION \_\_\_\_\_

DO YOU HAVE RELATIVES THAT WORK FOR THE CITY OF MT WASHINGTON? YES NO

RELATIVE'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DEPT: \_\_\_\_\_

RELATIVE'S NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ DEPT: \_\_\_\_\_

MILITARY EXPERIENCE: YES NO BRANCH OF SERVICE: \_\_\_\_\_

WHAT TYPE OF WORK ARE YOU SEEKING? REGULAR TEMPORARY PART TIME FULL TIME

(Please circle all that apply) DESIRED SHIFT(S) DAYS EVENINGS NIGHTS ANY

**DRIVER'S LICENSE (List Driver's License if the position sought requires a Driver's License)**

STATE OF ISSUE	ISSUE DATE	LICENSE #	TYPE	EXP. DATE	VERIFIED

**LICENSE/CERTIFICATES**

LICENSE & CERTIFICATES	ISSUE DATE	LICENSE #	ISSUED BY	CITY/STATE/COUNTY	EXPIRATION DATE	VERIFIED

**FORMAL TRAINING/EDUCATION**

SCHOOL TYPE	SCHOOL NAME, CITY, STATE	DATES ATTENDED TO-FROM	MAJOR/MINOR	LEVEL ACHIEVED	
GRADE/MIDDLE				Completed Grade 8? Y N	
HIGH SCHOOL/ GED				Earned Diploma/GED Y N	
VOCATIONAL/ BUSINESS/ MILITARY				*Sem/Qtr or Clock Hrs	# Cert. Earned
UNDERGRADUATE COLLEGE OR UNIVERSITY				*Sem/Qtr or Clock Hrs	# Cert. Earned
GRADUATE SCHOOL				*Sem/Qtr or Clock Hrs	# Cert. Earned
OTHER				*Sem/Qtr or Clock Hrs	# Cert. Earned

\*Please circle if semester, quarter or clock hours. #Please note that educational requirements must be verified with appropriate documentation, which may include a diploma, certificate and/or transcript.

PLEASE LIST ANY OFFICE MACHINES AND/OR EQUIPMENT YOU CAN OPERATE

**EMPLOYMENT EXPERIENCE:** Begin with your most recent job and describe in detail each specific job, including any military service or volunteer experience you may have had. It is very important that you describe your duties and responsibilities under each position listed. If you moved to a different position within the same organization so that your duties changed significantly, then describe that as a separate job. **You must provide the information on the application. As resumes are not considered as official information.**

**REQUEST ADDITIONAL FORMS IF NEEDED TO COMPLETE EMPLOYMENT HISTORY**

Employer:		Dates Employed: MM/DD/YY	MM/DD/YY
		From: / /	To: / /
Position Title:	Employer's Address:		
Phone #: ( )	City, State, Zip Code:		
Hours Worked Per Week:	Name of Supervisor/Title:		
Reason for Leaving:	May we contact this Employer?		
If served as supervisor, list the dates:			
Duties and Responsibilities:			

Employer:		Dates Employed: MM/DD/YY	MM/DD/YY
		From: / /	To: / /
Position Title:	Employer's Address:		
Phone #: ( )	City, State, Zip Code:		
Hours Worked Per Week:	Name of Supervisor/Title:		
Reason for Leaving:	May we contact this Employer?		
If served as supervisor, list the dates:			
Duties and Responsibilities:			

Employer:		Dates Employed: MM/DD/YY		MM/DD/YY
		From: / /		To: / /
Position Title:		Employer's Address:		
Phone #: ( )		City, State, Zip Code:		
Hours Worked Per Week:		Name of Supervisor/Title:		
Reason for Leaving:		May we contact this Employer?		
If served as supervisor, list the dates:				
Duties and Responsibilities:				

Employer:		Dates Employed: MM/DD/YY		MM/DD/YY
		From: / /		To: / /
Position Title:		Employer's Address:		
Phone #: ( )		City, State, Zip Code:		
Hours Worked Per Week:		Name of Supervisor/Title:		
Reason for Leaving:		May we contact this Employer?		
If served as supervisor, list the dates:				
Duties and Responsibilities:				

I certify under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that should investigation at any time show falsification, I will not be eligible for employment; and if already employed, subject to termination. I authorize the City of Mt. Washington to make all necessary investigations and further authorize and request each former employer, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application or concerning me, my work habits, character, or my action in any transaction.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Mt. Washington Police Department  
180 Landis Lane  
P.O Box 285  
Mt. Washington, KY 40047

MULTIPLE APPLICATION FORM  
(Type or Print in Ink)

SOCIAL SECURITY NUMBER:	DATE:
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FIRST NAME:	MIDDLE:	LAST:	JR/SR:
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**TITLE OF POSITIONS**


**Thank you for applying for employment with the City of Mt. Washington  
An Equal Opportunity Employer**

**Mt. Washington Police Department  
180 Landis Lane  
P.O Box 285  
Mt. Washington, KY 40047**

**RESULTS FORM**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

Position Applied For: \_\_\_\_\_

**FOR OFFICE USE ONLY**

You have been selected to interview.

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: Mt. Washington Police Department  
180 Landis Lane  
Mt. Washington, KY 40047

Please bring with you proof of:

High School Diploma/GED                      Driver's License                      Picture I.D.

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

The position has been withdrawn and will not be filled at this time.

The position has been filled

Your application has been disqualified for failing to meet minimum requirements for:

Education                      Experience                      License/Certification  
General Aptitude Test Score                      Other \_\_\_\_\_

**NOTE: Please bring this letter with you if you have been scheduled for an interview.  
If you have any questions, you may call (502) 538-8143.**

**AN EQUAL OPPORTUNITY EMPLOYER**

**Mt. Washington Police Department  
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**AUTHORIZATION FOR RECORD CHECK**

Position(s) Desired: \_\_\_\_\_

**PLEASE PRINT FULL NAME CLEARLY (Including Middle Initial)**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address (if less than three years at current address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Required)

Maiden/Previous/Other Names:  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the Kentucky State Police, Administrative Office of the Courts, and any and all other local, state, or federal law enforcement agencies to search their record(s) of any conviction(s) or arrest(s) they may have regarding me, and to make this information available to the City of Mt. Washington. This information is necessary in order that the above mentioned can pass his/her application for employment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AN EQUAL OPPORTUNITY EMPLOYER**

**TRACKING FORM**

Providing the requested information is **strictly voluntary**. The Federal Government requires that we track the following information. This form will be removed from your application file and kept separate and confidential. This information will not be made available to anyone involved in the hiring process. No employment decision will be made based on the information provided below.

<b>POSITION APPLIED FOR:</b>
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Referral Source (How did you learn about this job opportunity? Circle all that apply)

Newspaper      Mt. Washington Website      Radio/Television      Other

Employee Referral (Name Employee): \_\_\_\_\_

**ALL INFORMATION BELOW IS CONFIDENTIAL AND WILL NOT BE MADE AVAILIABLE TO ANYONE DURING THE HIRING PROCESS**

Are you disabled?	Yes	No
If yes, and a special accomodation is required, please ask for a form from the City Clerks Office		

**PERSONAL PROFILE**

GENDER:	MALE	FEMALE
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**ETHNIC BACKGROUND**

White	Hispanic/Latino	American Indian or Alaskan Native
Black	Asian or Pacific Islander	Other:

**ELIGIBILITY IDENTITY**

Date of Birth	Age	Highest Education Level	Social Security Number
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**(502) 538-8143**

**CONFIDENTIAL REFERENCE REQUEST**

**Applicant to Complete Shaded Area**  
**Print in Ink or Type**

Company Name: \_\_\_\_\_

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

I have applied to the City of Mt. Washington for employment in the position of \_\_\_\_\_ and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing this information requested.

Name: \_\_\_\_\_

Other Name Known By: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Employment Dates:      From: \_\_\_\_\_      To: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_      Date: \_\_\_\_\_  
(to be signed in ink)

We appreciate your response to the question below. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A stamped, self-addressed envelope is enclosed for your convenience.

**Company Response**

Are the "Position Held", "Employment Dates", and the "Average Number of Hours Worked Per Week" correct?      Yes      No  
If not, please supply correct information:

Employment Dates:      From: \_\_\_\_\_      To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Average Number of Hrs. Worked Per Week: \_\_\_\_\_

Print Name: \_\_\_\_\_      Title: \_\_\_\_\_

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

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Position Held: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(to be signed in ink)

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Are the "Position Held", "Employment Dates", and the "Average Number of Hours Worked Per Week" correct?    Yes    No  
If not, please supply correct information:

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Average Number of Hrs. Worked Per Week: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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Position Held: \_\_\_\_\_

Average Number of Hrs. Worked Per Week: \_\_\_\_\_

Print Name: \_\_\_\_\_      Title: \_\_\_\_\_

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Position Held: \_\_\_\_\_

Employment Dates:      From: \_\_\_\_\_      To: \_\_\_\_\_

Average Number of Hours Worked Per Week: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_      Date: \_\_\_\_\_  
(to be signed in ink)

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If not, please supply correct information:

Employment Dates:      From: \_\_\_\_\_      To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Average Number of Hrs. Worked Per Week: \_\_\_\_\_

Print Name: \_\_\_\_\_      Title: \_\_\_\_\_

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



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**ABILITY TO PERFORM DUTIES**

Are you able to properly perform the duties of the position that you have applied for in this application?

YES

NO

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Is there anything to prevent you from performing the duties of the position that you have applied for in this application?

YES

NO

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_