

TRIPLE S PLANNING COMMISSION

419 Washington Street
 Shelbyville, Kentucky 40065
 (502) 633-1718
 www.shelbypz.com



Employment Application

APPLICANT INFORMATION

| | | | | | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------|----------------|------|--|--|
| Last Name | | | | First | | | | M.I. | Date | | |
| Street Address | | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | | |
| Date Available | | | | Social Security No. | | | | Desired Salary | | | |
| Position Applied for | | | | | | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | | |
| Have you ever worked for the Commission? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | | | |

EDUCATION

| | | | | | | | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|--|--|--|--|--|--|
| High School | | | | Address | | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | |
| College | | | | Address | | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | |
| Other | | | | Address | | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | | | | |

REFERENCES

Please list three professional references.

| | | | | | | | | | | | |
|-----------|--|--|--|--------------|--|--|--|--|--|--|--|
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |

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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that this application is the property of the employing organization. This application must be signed and dated before I will receive consideration for employment.

Signature

Date