

**LEXINGTON-FAYETTE URBAN COUNTY
HUMAN RIGHTS COMMISSION
APPLICATION FOR EMPLOYMENT**

This completed application and all supporting documents, when submitted, become the property of the LFUCHRC.

Social Security Number
_____-_____-_____

When can you begin work? _____

Are you a U.S. Citizen?
____ Yes ____ No

Are you willing to work: (Check all that apply)
 Any Shift Day Shift Only Night Shift Only
 Alternate Permanent Temporary
 Part-time Seasonal

Name: _____
Last First Middle Maiden (if applicable)

Address: _____ How long? _____ years
Street City State Zip Code

Phone: (____) _____ Are you 18 years of age or older? Yes No

Method of Recruitment: (Check all applicable)
 Personal Contact Television Posters Newspaper Radio
 Magazine Billboards Other Remarks: _____

Have you been convicted of any misdemeanor, felony, or violation (include traffic and moving violations) as an adult (18 years or older)? Yes No If yes, list below. A conviction includes any fines paid, jail sentences, probation served or traffic school(s) attended (omit parking tickets). Conviction of a crime or moving violation is not an automatic rejection. The specific situation will be reviewed. Failure to disclose or falsification of any conviction(s) including those that have been purged can result in automatic rejection of the application.

	Offense	Date	County/State	Disposition
Misdemeanors,				
Felonies and				
Violations				
Traffic and				
Moving				
Violations				

In the five (5) years prior to application date, have you been involved in any motor vehicle accidents?
 Yes No If yes, list below.

Date	County/City/State	At Fault
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submit documentation substantiating accidents listed above which were not at fault, otherwise accidents will be counted toward the driving points total. If documentation cannot be obtained, the following statement may be used:

"I, _____, certify that no citations were issued indicating I was at fault or the cause of an accident(s), and that insurance investigators did not find negligence on my behalf. I further certify that my accident(s) on _____(dates) was/were not my fault. If evidence later reveals that I was at fault, I understand that my application will be considered falsified and that such falsification will eliminate me from further consideration for employment, and if already hired, possible forfeiture of my job."

Whom would you prefer we notify in case of an emergency?

Name _____ Address _____ Phone No. _____
 Name _____ Address _____ Phone No. _____

Are you related to any person(s) currently working for the LFUCHRC? Yes No. If yes, list name(s) and relationship _____

List any equipment/machinery or office equipment you can operate: _____

Can you type? Yes No; WPM _____ Can you take dictation? Yes No; WPM _____

Do you have a valid driver's license? Yes No Driver's License No. _____

MILITARY EXPERIENCE:

Entry date _____ Branch of Service _____
 Separation date _____ Rank at Separation _____
 Present Selective Service Classification _____
 Please describe you duties and responsibilities: _____

EDUCATION AND TRAINING:

Give complete information for **all** of your education and training. The information requested in this item will serve as a basis for the rating of your education and training. If necessary, attach an additional sheet. **If you have completed college work, you must attach a transcript of all completed work.**

Schools	Name and Address Of School	Dates Attended				Course Work Hours*	Major Course	Date of Graduation	Degree
		From	To		To				
		Mo.	Yr.	Mo.	Yr.				
Grade School									
High School or G.E.D.									
**College/ University									
**College/ University									
**Vocational Bus/Military									

Grade School

High School

College

Graduate

Circle highest Grade Completed

1 2 3 4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

(30 semester hrs. equals 1 year college credit) (If you have passed a high school equivalence (G.E.D.) test, attach a copy of the certificate)

*(1) Semester Hours Completed
 (2) Quarter Hours Completed

**Please indicate full time or part time

EMPLOYMENT EXPERIENCE: Begin with your present or last job, describe each specific job (especially starting and leaving dates). List all experience. Failure to list all experience can result in rejection of your application, especially where a background check is conducted. It is very important that you describe your duties and responsibilities on each position listed. Applicable Volunteer Experience may be listed. Also please account for periods of unemployment. **DO NOT SUBSTITUTE A RESUME FOR THIS SECTION.**

Company Name		Type of Business		Company Address		DO NOT WRITE IN THIS SPACE A		
Starting Date Mo. Yr.		Leaving Date Mo. Yr.		Approx. Start Base Salary	Final Base Salary		Starting Position Title	Present or last Position
Part Time ____ Full Time ____		Average Hrs. Per week ____		Name of immediate supervisor			Supervisor's Position Title	
Explain reason for leaving or wanting to leave _____								
Please describe your duties and responsibilities _____								
May we contact your present employer now? ___ Yes ___ No If no, when? _____ Ph. No. _____								

Company Name		Type of Business		Company Address		DO NOT WRITE IN THIS SPACE B		
Starting Date Mo. Yr.		Leaving Date Mo. Yr.		Approx. Start Base Salary	Final Base Salary		Starting Position Title	Present or last Position
Part Time ____ Full Time ____		Average Hrs. Per week ____		Name of immediate supervisor			Supervisor's Position Title	
Explain reason for leaving or wanting to leave _____								
Please describe your duties and responsibilities _____								

Company Name		Type of Business		Company Address		DO NOT WRITE IN THIS SPACE C		
Starting Date Mo. Yr.		Leaving Date Mo. Yr.		Approx. Start Base Salary	Final Base Salary		Starting Position Title	Present or last Position
Part Time ____ Full Time ____		Average Hrs. Per week ____		Name of immediate supervisor			Supervisor's Position Title	
Explain reason for leaving or wanting to leave _____								
Please describe your duties and responsibilities _____								

Company Name		Type of Business		Company Address		DO NOT WRITE IN THIS SPACE D
Starting Date	Leaving Date	Approx. Start	Final Base	Starting Position	Present or last	
Mo.	Mo.	Base Salary	Salary	Title	Position	
Yr.	Yr.					
Part Time _____ Full Time _____		Average Hrs. Per week _____	Name of immediate supervisor		Supervisor's Position Title	
Explain reason for leaving or wanting to leave _____						
Please describe your duties and responsibilities _____						

Company Name		Type of Business		Company Address		DO NOT WRITE IN THIS SPACE E
Starting Date	Leaving Date	Approx. Start	Final Base	Starting Position	Present or last	
Mo.	Mo.	Base Salary	Salary	Title	Position	
Yr.	Yr.					
Part Time _____ Full Time _____		Average Hrs. Per week _____	Name of immediate supervisor		Supervisor's Position Title	
Explain reason for leaving or wanting to leave _____						
Please describe your duties and responsibilities _____						

Company Name		Type of Business		Company Address		DO NOT WRITE IN THIS SPACE F
Starting Date	Leaving Date	Approx. Start	Final Base	Starting Position	Present or last	
Mo.	Mo.	Base Salary	Salary	Title	Position	
Yr.	Yr.					
Part Time _____ Full Time _____		Average Hrs. Per week _____	Name of immediate supervisor		Supervisor's Position Title	
Explain reason for leaving or wanting to leave _____						
Please describe your duties and responsibilities _____						

IF ADDITIONAL SPACE FOR WORK HISTORY IS NEEDED, SPECIAL SHEETS WILL BE PROVIDED UPON REQUEST

"I hereby certify, under penalty of law, that the information on this application is true, accurate and correct to the best of my knowledge and belief and if hired, agree to abide by and uphold all laws, policies and procedures of Lexington-Fayette Urban County Human Rights Commission, including among others, codes of ordinances, the affirmative action plan, the code of ethics, the uniform disciplinary code, etc. I am aware that should investigation at any time show any misrepresentation or falsification, my application will be rejected, my name will be removed from the eligibility list. I will be dismissed from the service. I authorize the Human Rights Commission to make all necessary and appropriate investigations to verify the information contained on other applications and all supplemental documents including transcripts, etc. I understand that my application will be on file for one year only. It is my responsibility to update and reactivate my application as I understand I will not be notified when my application has expired. I also understand that when my application has expired it will be removed from the Human Rights Commission files along with all other data relating to my application."

DATE

SIGNATURE OF APPLICANT

REQUEST FOR RECORD CHECK

BY: LEXINGTON-FAYETTE URBAN COUNTY HUMAN RIGHTS COMMISSION
162 EAST MAIN STREET, SUITE 226
LEXINGTON, KENTUCKY 40507-1315

DATE OF REQUEST: _____

APPLICANT: PLEASE COMPLETE THE TOP SECTION (PLEASE PRINT)

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET NAME APARTMENT #

CITY STATE ZIP COUNTY From _____ To _____
DATES OF RESIDENCE

PREVIOUS ADDRESSES: _____
(MUST include last 5 years; additional space on reverse side)
STREET NAME APARTMENT #

CITY STATE ZIP COUNTY From _____ To _____
DATES OF RESIDENCE

STREET NAME APARTMENT #

CITY STATE ZIP COUNTY From _____ To _____
DATES OF RESIDENCE

DESCRIPTION: SEX _____ RACE _____ DATE OF BIRTH _____ AGE _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVER'S LICENSE NUMBER: _____ STATE _____ EXP. DATE _____

I, _____ (APPLICANT'S NAME) have applied for employment with the Lexington-Fayette Urban County

Human Rights Commission. Please fill in the reverse side and return to:

LFUC HUMAN RIGHTS COMMISSION, 162 EAST MAIN STREET, SUITE 226, LEXINGTON, KY 40507-1315

This will authorize your agency to disclose to the LFUC Human Rights Commission any and all information in your office's possession pertaining in any way to me and my convictions of any felony, misdemeanor or violation that I have had as an adult.

SIGNATURE OF APPLICANT DATE

ATTENTION LAW ENFORCEMENT AGENCY: PLEASE COMPLETE THE FORM ON THE REVERSE SIDE OF THIS RECORD CHECK AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE AS SOON AS POSSIBLE.

THANK YOU FOR YOUR COOPERATION

THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT AGENCY OR COURT OF JURISDICTION.

CRIMINAL CONVICTIONS YES _____ NO _____

TRAFFIC CONVICTIONS YES _____ NO _____

AT FAULT CONVICTIONS YES _____ NO _____

NOTE: IF "YES" ON ANY OF THE ABOVE, PLEASE GIVE DETAILS, DATES, FINES PAID, ETC. IN THE SPACE BELOW:

ARREST DATE

OFFENSE

DISPOSITION

DATE: _____ SIGNED _____
NAME RANK OR TITLE

AGENCY NAME ADDRESS (ADDRESS CORRECTION REQUESTED)

APPLICANT – USE THIS SPACE FOR ADDITIONAL ADDRESSES

STREET NAME APARTMENT #
CITY STATE ZIP COUNTY From _____ To _____
DATES OF RESIDENCE

STREET NAME APARTMENT #
CITY STATE ZIP COUNTY From _____ To _____
DATES OF RESIDENCE

WORK REFERENCE FORM

JOB APPLICANT: Please indicate the name, position title and address of a present employer, former employer, teacher or business associate then return this form with your application to **this office**. The LFUCHRC will request completion of the form from your reference. If you have been employed, we need at least one (1) work reference who will be requested to return the form with appropriate comments to our office. IF MY PRESENT EMPLOYER IS LISTED BELOW, I GIVE CONSENT TO USE MY PRESENT EMPLOYER AS A REFERENCE.

_____ NAME AND TITLE OF REFERENCE
_____ COMPLETE STREET ADDRESS
_____ CITY, STATE AND ZIP CODE

If your present employer is not listed above, then the LFUCHRC reserves the right to contact your employer upon offer of a job.

I, _____, have applied for employment with the LFUC Human Rights Commission.

I authorize the reference listed above and/or their officers and employees to disclose to the LFUCHRC any and all information in their or their organization's possession pertaining in any way to myself. I further agree to hold harmless any reference complying with this request. I understand that all information provided shall become the sole property of the LFUCHRC, shall be confidential and may be used to determine my eligibility of employment. If you have any questions, feel free to contact the LFUCHRC office.

_____ SIGNATURE OF APPLICANT _____ DATE _____ SOCIAL SECURITY NO.

REFERENCE, PLEASE COMPLETE FORM AND RETURN TO: LFUC HUMAN RIGHTS COMMISSION, 162 EAST MAIN STREET, SUITE 226, LEXINGTON, KY 40507 within ten (10) days.

1. What is the nature of your association with the applicant?
 Current Supervisor Former Supervisor Teacher
 Business Associate Co-Worker Other _____

Dates supervised _____ to _____

2. Approximate dates of your, or your organization's association with this applicant.
From _____ to _____

3. Positions held by applicant during this time

4. Are you related by either blood or marriage to the Applicant?
 Yes No If yes, state relationship _____

5. To your knowledge, has this person ever been fired from any job for any reason, or quit a job after being notified that he/she would be fired? Yes No If yes, please give name and address of employer _____

6. If a former employer, please indicate the following:
 Separation from your firm is recorded as:
 Voluntary quit/resignation Forced to resign
 Layoff (reduction in force) Terminated without prejudice
 Discharged for cause Explain _____
 Reason _____
 Other – Explain _____

Is this person eligible for rehire Yes No
 If no, briefly explain why not _____

7. Check the rating that most accurately describes the applicant's qualities:

CATEGORIES	OUT- STANDING	ABOVE AVERAGE	AVERAGE	MARGINAL	UNSATIS- FACTORY	COMMENTS
promptness/ punctuality						
work/class attendance record						# Days absent ____ tardy ____
emotional stability/ poise judgment						
tactfulness						
appearance						
relations w/public						
professional relations w/ co- workers/ subordinates						
anticipated success as an employee						

8. Please use this section to make any comments that you wish concerning this individual's performance, etc. _____

9. If you would like us to telephone you for additional information which is pertinent, but not covered on this form, please indicate by providing a telephone number where you may be reached during working hours: _____

 SIGNATURE OF REFERENCE

 DATE

 TITLE

CLASSIFICATION SPECIFICATION/ESSENTIAL JOB ELEMENTS FORM

(This form must be returned with your application or you will not be included in this process)

I have reviewed the Job Classification Specification for the position of:

Classification Title

Please answer the following question(s):

- A. After reviewing the job classification that includes essential job tasks, can you perform the essential job duties and responsibilities of the position?

Check one: Yes No (If Yes, do not answer "B" and "C" below)

Please note: Under the Americans with Disabilities Act of 1990 (ADA), a qualified individual with a disability who satisfies the requisite skills, experience, education and other job related requirements – is defined as an individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

- B. Are reasonable accommodations needed during the testing process and are you willing to discuss the same?

Check one: Yes No

(Please note: The person must successfully complete the job testing process with reasonable accommodations if necessary in an open and competitive manner with all other applicants for the position. ADA does not apply reasonable accommodations for employment tests that require the use of sensory, manual or speaking skills where the tests are intended to measure those skills.)

- C. If you are a person with a disability, would you be willing to discuss what reasonable accommodations may be needed at the appropriate time during the hiring process?

Check one: Yes No

(Please note: We cannot proceed with your application unless you are willing to discuss what reasonable accommodations would be needed.)

Signature of Applicant

Date

FOR INTERNAL USE ONLY: The above applicant is in the TOP 3 on the eligibility list and is being certified to the Division for a job interview and after discussion(s) with the applicant, the following workplace accommodation(s) would be needed is such does not create an undue hardship.

COMMENTS: _____

