

Fleming County Fiscal Court
Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

All applications submitted remain active for six (6) months.

Please print the application and mail the original or drop off to:

Fleming County Fiscal Court
100 Court Square
Flemingsburg, KY 41041

Position(s) applied for _____ Date _____

How did you learn about us?

- Advertisement
- Friend
- Employment Agency
- Relative
- Inquiry
- Other

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number (s) Social Security Number

_____ _____ - _____ - _____

Best Time to Contact you at Home is? ___:___ am or pm

If you are under the age of 18, can you provide required proof of your eligibility to work? Yes or No

Have you ever filed an Application with us before? Yes or No

Have you ever been employed with us before? Yes or No

Do any of your friends or relatives, other than spouse, work here? Yes or No

If yes, state name, relationship and location _____.

Are you currently employed? Yes or No

May we contact your present employer? Yes Or No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? Yes Or No

Date available for work ___/___/___ what is your salary range? _____

Are you able to work?

- o Full Time (Please Indicate 1 2 3 shift)
- o Part Time (Please Indicate Morning Afternoon Evenings)
- o Temporary (Please Indicate dates available ___/___ - ___/___)

Are you currently on "lay-off" statuses and subject to recall? Yes or No

Can you travel if a job requires it? Yes or No

Education:

School	Name, City	Course of Study	Year Complete	Diploma/ Degree
High School				
Undergraduate/ College				
Graduate/ Professional				
Other (Specify)				

Work Experience (please provide information regarding last three positions held)

Employer _____	Dates Employed From To	Work Performed _____
Address _____		_____
Telephone _____	Hourly Salary Starting Final	_____
Job Title _____		_____
Supervisor _____		
Reason for leaving _____		May We Contact Yes or No

Employer _____	Dates Employed From To	Work Performed _____
Address _____		_____
Telephone _____	Hourly Salary Starting Final	_____
Job Title _____		_____

Supervisor _____

Reason for leaving

May We Contact
Yes or No

Employer _____

Dates Employed
From To

Work Performed

Address _____

Telephone _____

Hourly Salary
Starting Final

Job Title _____

Supervisor _____

Reason for leaving

May We Contact
Yes or No

Describe any specialized training apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional trade business or civic activities and offices held.

Additional Information

Specialized Skills

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand

State any additional information you feel may be helpful to us in considering you application.

Personal / Professional References: (please provide three)

Name	Phone Number	City, State
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

I certify that answers given herein are true and complete.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understood, also, that I am required to abide by all rules and regulation of the employer.

Signature of Applicant

Date

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$20.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$20.00 fee (check or money order) .

Criminal Justice Agencies

Criminal Justice Agencies do receive a waiver of fees for requests that are for criminal justice purposes.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Date

Company

E-mail address

Requestor/Contact Person

Telephone Number

Address

City, State, Zip

Please denote which purpose applies to this request:

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) _____