



**Campbell County Fiscal Court**  
**Human Resources Department**  
 1098 Monmouth Street, P.O. Box 72340  
 Newport, KY 41072  
 Phone: 859-292-3838 Fax: 859-547-1879  
 Email: [humanresources@campbellcountyky.gov](mailto:humanresources@campbellcountyky.gov)  
 Employment Opportunities at [www.campbellcountyky.gov](http://www.campbellcountyky.gov)

Equal Opportunity Employer

**PERSONAL INFORMATION:**

Position Applying For: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been or are you currently employed by the Campbell County Fiscal Court?  Yes  No  
 If yes, list dates and name the department you worked in: \_\_\_\_\_

How did you learn of this opening?  Newspaper Advertisement  County Website  Other Website  
 Other  \_\_\_\_\_

Complete your response to each question below.

Are you at least 18 years of age?  Yes  No

Do you have a valid driver's license?  Yes  No

If yes, State \_\_\_\_\_ License/ID No. \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No

If you are an alien authorized by the USCIS to work in the United States, please provide the following:

Current Visa Status: \_\_\_\_\_ Expiration of employment authorization, if any: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

(Convictions will not automatically disqualify you. Each situation is considered using the following criteria:

1) nature and gravity of offenses, 2) time passed since conviction and/or completion of sentence, 3) nature of job held or sought).

If yes, list the following:

Date of Conviction:	Type of Conviction:

Are you able to perform the essential functions of the position for which you are applying with or without a reasonable accommodation?  Yes  No

**EDUCATION AND TRAINING:**

Did you receive a High School Diploma or GED?  Yes  No  
 High School Name \_\_\_\_\_ Address \_\_\_\_\_

Use the table below to list your post-secondary educational achievements including college, technical or vocational courses completed.

1) College/University Name and Location:	Degree Awarded? <input type="radio"/> Yes <input type="radio"/> No If yes, what year?	Type of Degree <input type="radio"/> Associates <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctorate	Major:  No. of Yrs completed:
2) College/University Name and Location:	Degree Awarded? <input type="radio"/> Yes <input type="radio"/> No If yes, what year?	Type of Degree <input type="radio"/> Associates <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctorate	Major:  No. of Yrs completed:
3) College/University Name and Location:	Degree Awarded? <input type="radio"/> Yes <input type="radio"/> No If yes, what year?	Type of Degree <input type="radio"/> Associates <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Doctorate	Major:  No. of Yrs completed:
4) Technical/Vocational School and Location:	Completed? <input type="radio"/> Yes <input type="radio"/> No If yes, what year?	Course of Study	No of weeks/credits completed:
5) Technical/Vocational School and Location:	Completed? <input type="radio"/> Yes <input type="radio"/> No If yes, what year?	Course of Study	No of weeks/credits completed:

**PROFESSIONAL LICENSES, CERTIFICATIONS AND REGISTRATIONS:**

Type of License/Cert.	License/Registration No.	Expiration Date	Licensed in what States (if applicable)

**ADDITIONAL QUALIFICATIONS AND SKILLS:**

Outline briefly any other skills, education, training, or experience that would be beneficial in the position for which you are applying and may be helpful in considering your qualifications. Please include relevant volunteer or other community activities (attach additional sheet if necessary).

Describe any software programs or special equipment you have experience working with:

**WORK HISTORY:**

Give complete information regarding your present and former employment, beginning with the most recent. Include any employment with Campbell County Fiscal Court. A resume may not substitute for completing this information.

1) Current/Most Recent Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From:            To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
2) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From:            To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
3) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From:            To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			

**WORK HISTORY (continued):**

4) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From:            To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
5) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From:            To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			
6) Employer		Street Address, City, State, Zip	
Supervisor Name and Phone		Your Job Title	
Date of Employment From:            To:	Salary:	Reason for Leaving:	
Duties and Responsibilities:			

**MILITARY SERVICE RECORD:**

Have you served in the armed forces?       Yes       No      What branch? \_\_\_\_\_

Rank and Date of discharge \_\_\_\_\_

Describe your duties and any special training that would assist you in the position for which you applied:

**REFERENCES OTHER THAN FORMER EMPLOYERS OR RELATIVES:**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Please use the space below to summarize any additional information that you feel is necessary to describe your full qualifications. If more space is needed, please attach additional sheets.

**CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:**

I certify all information given by me in this application is true and complete. I authorize Campbell County to verify the information provided and realize that false information (misrepresentations or omission of information called for) is a basis for disqualification or dismissal from employment, if hired. I hereby consent and authorize an investigation of my past by allowing Campbell County to contact education institutions, current and previous employers, and to perform a background check. I hereby release and forever discharge all parties from all liability for damages that may result from furnishing such information concerning my previous employment and any pertinent information they may have. I understand that information provided by me on this document may also be compared with information contained in records maintained by Campbell County concerning myself for the purpose of determining my suitability for employment with Campbell County. I understand that a medical examination to ascertain my ability to perform essential functions of the job may be required. I have read in full and understand the above, and agree that a reproduced copy of this affirmation and authorization will be valid as the original.

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

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