



**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.org
www.campbellcountyky.org/home/administration/human-resources.html**

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