



City of Oak Grove
8505 Pembroke-Oak Grove Rd
P.O. Box 250
Oak Grove, Kentucky 42262
Ph: (270) 439-4646
Fx: (270) 439-1201



THE CITY OF OAK GROVE Employment Application



Last Name _____ **First** _____ **M.I.** _____ **Date** _____

Street Address _____ **Apartment/Unit #** _____

City _____ **State** _____ **ZIP** _____

Phone _____ **E-mail Address** _____

Date Available _____ **SS #** _____ **D.O.B.** _____

Desired Salary _____ **Position Applied for** _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S? YES NO

Have you ever worked for the City? YES NO If so, when? _____

Have you ever been enrolled in the County or State of Kentucky Retirement Systems? YES NO If so, when? _____

With Whom? _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

High School _____ **Address** _____

From _____ **To** _____ **Did you graduate?** YES NO **Degree** _____

College _____ **Address** _____

From _____ **To** _____ **Did you graduate?** YES NO **Degree** _____

Other _____ **Address** _____

From _____ **To** _____ **Did you graduate?** YES NO **Degree** _____

REFERENCES

Please list three professional references, including address and phone number

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 NO

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 NO

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 NO

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.

Signature _____

Date _____



AUTHORITY TO RELEASE

To whom it may concern:

I hereby authorize the Oak Grove Police Department’s representative bearing this release, or a copy thereof, to obtain any information in my file, whether they are written or electronic pertaining to my: Employment Records, Credit Records, Medical Records, Criminal History Records, Military Records, Educational Records and/or Drivers License Records.

I hereby direct you to release the information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Oak Grove Police Department. Permission is granted to the Oak Grove Police Department to release this information to any governmental agencies that are required by law to receive said information. I hereby release you as custodian of such records from any and all liability for damages of any kind that may arise because of compliance with this authorization.

**THIS RELEASE WILL REMAIN IN FULL FORCE AND EFFECT FOR ONE (1) YEAR AFTER ITS DATE
(Please print or type clearly)**

FULL NAME : _____ **D.O.B.:** _____

SOCIAL SECURITY#: _____ **DRIVERS LICENSE #:** _____

PHONE # 1: _____ **PHONE # 2:** _____

CURRENT ADDRESS: _____
(Street/APT#) City State Zip Code

OTHER NAMES USED (IE. Maiden, married, Alias): _____

Signature

Date

State of Kentucky
Christian County

Sworn and Subscribed before me this _____ day of _____, 20 ____.

Notary Public

My commission expires: _____