



**NELSON COUNTY FISCAL COURT
EMPLOYMENT APPLICATION**
Updated October 2021

An Equal Opportunity Employer

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Date: _____
 Position: _____ Full Time Part-Time Seasonal Temporary
 Start Date Available: _____ Referred by: _____
 Wage rate desired: \$ _____ Hourly Monthly Annually
 Days of week you are available to work: _____
 Are you able to work: Weekends Holidays Nights Overtime
 Are you available for on call duty? Yes No

Personal Information

Name _____
 First M.I. Last
 Street _____ City _____ State _____ Zip _____
 Previous Address _____
 Phone Number (day) _____ (evening) _____ (cell) _____ Email _____
 Are you 18 years of age or older? Yes No
 Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No
 Are you a current participant or retired from any of the Kentucky Retirement Systems? Yes No
 If yes, what system and when? _____
 List names of relatives currently employed by Nelson County Fiscal Court _____
 Have you previously worked for Nelson County Fiscal Court? Yes No
 Date of employment with Nelson County Fiscal Court: From _____ to _____
 Reason(s) for leaving: _____
 Do you have a valid Driver's license? Yes No Do you have a Commercial Driver's license? Yes No
 Have you ever been convicted of a Felony? Yes No Convicted of a Misdemeanor? Yes No
 If yes please explain _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Military

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Skills

List all equipment with which you have had experience and training _____

Typing speed (WPM): _____

Are you experienced in using personal computers? Yes No PC Mac

List any licensing that you may have, such as CDL _____

What software or other programs are you capable of using? _____

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

CONDITIONS OF EMPLOYMENT

To Applicant: Read this information carefully and sign below.

This institution does not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or disability.

1. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
2. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
3. I understand that I may be required to work overtime as a condition of being employed here.
4. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at any time at the option of the County Judge/Executive. I understand that no representative of this institution has any authority to enter into any verbal agreement for employment for any specified period of time or make any agreement contrary to the foregoing.
5. I understand that I may be required to submit to a pre-employment and post-employment test for fitness, honesty, and/or substance abuse, if not prohibited by law.
6. Upon separation of employment, I authorize this institution to hold my final check until all uniforms, etc. are returned to the Nelson County Judge/Executive.

SIGNATURE _____ DATE _____