

**GENERAL APPLICATION
FOR EMPLOYMENT**

CITY OF HOPKINSVILLE

715 South Virginia Street
Hopkinsville, KY 42240
www.hopkinsvilleky.us
phone (270) 890-0264 fax (270) 890-0266

**FILL OUT COMPLETELY
(PLEASE PRINT)**

Date of Application _____ Position(s) applied for _____

Name _____
LAST FIRST MIDDLE PREVIOUS

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone (_____) _____ Email Address _____

Are you a U.S. citizen? Yes No If no, type of Visa & expiration date _____

Alien Registration # _____ Are you 18 years old or over? Yes No

Are there any hours, days, or holidays you cannot or will not work? Yes No

Have you previously been employed by the City of Hopkinsville? Yes No

Are any of your relatives employed by the City of Hopkinsville? Yes No

If yes, list department and relationship _____

Have you ever been convicted of a felony? Yes No If yes, please provide details and include for each offense: date, charge, place, court and action taken.

Do you have a valid CDL license? Yes No License No. _____ CDL Class _____

Do you have a valid driver's license? Yes No State of Issue _____ Restrictions Yes No

List any equipment operated or other qualifications: _____

Have you ever served in the Military? Yes No If yes, list Branch of Service _____

Period of Active Duty (month & year) from _____ to _____ Date of final discharge _____
(Please enclose a copy of your DD214)

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
COLLEGE				
HIGH SCHOOL or EQUIVALENT				
TECHNICAL/ CERTIFICATIONS				

EQUAL EMPLOYMENT OPPORTUNITY APPLICANT DATA FORM VOLUNTARY INFORMATION ONLY

IMPORTANT—To ALL Applicants: To enable us to meet government reporting regulations, the City of Hopkinsville requests you complete this personal data form. Information will be used solely for government reporting purposes and will be detached and kept separate from your application. Any information you choose to provide will not be considered by the City of Hopkinsville for employment purposes and will be treated as confidential. Your voluntary cooperation is appreciated.

Date _____ Position applied for _____ Male Female

If any of these definitions apply to you, please check the appropriate box.

RACE/ETHNIC CATEGORY

- Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture, regardless of race.
- White** (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.
- Asian** (Not Hispanic or Latino) – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, or the Pacific Islands.
- American Indian or Alaska Native** (Not Hispanic or Latino) – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community recognition.
- Two or More Races** (Not Hispanic or Latino) – all persons who identify with more than one of the above five races.
- If you choose not to self-identify, please check box.**

