

EMPLOYMENT APPLICATION

THE LAKESIDE PARK-CRESTVIEW HILLS POLICE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:

TYPE OR LEGIBLY PRINT THIS APPLICATION. SIGN AND DATE THE APPLICATION. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU. A COPY OF AN APPLICATION WILL BE ACCEPTED ONLY WITH AN ORIGINAL SIGNATURE.

GENERAL INFORMATION

POSITION FOR WHICH YOU ARE APPLYING						
Last Name		First Name		Middle Initial		
Street Address		City		State		Zip
Home Phone	Work Phone		Cell Phone		Social Security Number	
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EDUCATION							
Did you graduate from high school? Yes D No D If yes,	what year? Did y	Did you receive a GED certificate? Yes 🗌 No 🗍 If yes, what year?					
Name of college, university, vocational school	Major	Dates A	Attended	Degrees Conferred			
	1111/01	From To		Title	Date		
Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date.							

Please list any foreign language, including sign language, in which you are proficient.

Are you a veteran of the military service? Yes No Dates of active duty From To	Which branch?					
CRIMINAL CONVICTION Have you been arrested or convicted of a felony or misdemeanor? Yes No If yes, please explain:						
VALID KY STATE DRIVER'S LICENSE? Yes No If other State, which?						

Why are you interested in this position?					
Why do you want to work for the Lakeside Park-Crestview Hills Police Authority?					

EMPLOYMENT HISTORY

List your work experience for at least the last 10 years inclu necessary.	ding self employment	t, military s	service, volunt	eer work and perio	ods of unemployment. Attac	n additional sheets if	
CURRENT EMPLOYER							
Employer					TOTAL YEARS	MONTHS	
Address							
Position	No. of emplo	oyees you	supervised		FROM	ТО	
Supervisor	Phone ()	-	х	/	/	
Specific Duties					mo yr	mo yr	
					HOURS WORKED EACH WEEK		
					STARTING SALARY		
					LAST SALARY		
Reason for leaving or considering change							
Employer					TOTAL YEARS	MONTHS	
Address							
Position	No. of emplo	oyees you s	supervised		FROM	ТО	
Supervisor	Phone ()	-	Х	/	/	
Specific Duties					mo yr	mo yr	
					HOURS WORKED EACH WEEK		
					STARTING SALARY		
					LAST SALARY		
Reason for leaving or considering change							
Employer					TOTAL YEARS	MONTHS	
Address					-		
Position	No. of emplo	oyees you s	supervised		FROM	ТО	
Supervisor	Phone ()	-	Х	/	/	
Specific Duties					mo yr	mo yr	
					HOURS WORKED EACH WEEK		
					STARTING SALARY		
					LAST SALARY		
Reason for leaving or considering change		_ ~					
AGREEMENT, CERTIFICATION AND AUTHORIZATION I hereby certify, under the penalty of perjury in the Commonwealth of Kentucky, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.							
I authorize my current or former employers and all schools Authority representatives any information regarding my cur release any such current or former employers or institution authorization and release from liability are knowing, intelli relying on any information from my prior employers.	rent or former employ s, their agents or emp	yment, incl bloyees fro	uding perforn m any and all	ance, discipline an liability resulting	nd attendance, scholastic reco from the release of such info	rds or ratings. I hereby rmation. My	

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

Signature of Applicant

Date

LAKESIDE PARK-CRESTVIEW HILLS POLICE AUTHORITY 40 TOWN CENTER BOULEVARD CRESTVIEW HILLS, KY 41017