CALLOWAY COUNTY FISCAL COURT
EMPLOYMENT APPLICATION

201 South 4th Street
Murray, KY 42071
(270) 753-2920
www.callowaycountyky.gov

EEO / ADA Employer

Thank you for your interest in employment with Calloway County Fiscal Court. This application helps us evaluate your qualifications for employment.

APPLICATION INSTRUCTIONS

BEFORE YOU BEGIN

- Read the entire application before completing it.
- Type or print clearly in blue or black ink.
- Complete all sections. Incomplete applications may not be considered.
- Please do not provide personal information that is not requested (such as date of birth, Social Security number, or driver's license number).
- Do not write 'See Resume'. Provide full information.
- Attach additional pages if more space is needed.
- Sign and date the Conditions of Employment page.

GENERAL INFORMATION

- Apply only for positions where you meet minimum qualifications.
- Provide accurate and complete employment, education, and certification information.
- False or misleading information may result in disqualification or termination.
- Applications become property of Calloway County Fiscal Court and will not be returned.

INFORMATION NOT REQUESTED (Please do not include):

- Date of Birth
- Social Security Number
- Driver's License Number
- Protected-class information

HIRING PROCESS (May include, as applicable):

- Interview(s)
- Skills or job-related testing
- Drug and alcohol testing (post-offer, as a condition of employment)
- Criminal background check (post-offer, where applicable)
- Motor vehicle record check (post-offer, where applicable)
- Physical examination (post-offer, where applicable)

EDUCATION & LICENSES

- Education must be from accredited institutions.
- Foreign degrees must be evaluated if applicable.
- Transcripts or certifications may be required.
- Required licenses or certifications must remain valid.

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Application for Employment
201 South 4th Street Murray, KY 42071
Phone: (270) 753-2920
Web Address: www.callowaycountyky.gov
EEO/ADA Employer

PLEASE READ EMPLOYMENT APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION INFORMATION

Date of Application: _____/_____/_____

Full Legal Name: _____

Preferred Name (if any): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

DEPARTMENT & POSITION

Department (Check all that apply or specify "Other"):

☐ Road Department

☐ Animal Control & Shelter

☐ Fiscal Court Administration / General Fund

☐ Solid Waste/Environmental

☐ Emergency Management

☐ Treasurer's Office

☐ Other: _____

Position Title: _____

911 DISPATCH APPLICANTS:

Applicants seeking employment as a 911 Telecommunicator must complete the Calloway County
Sheriff's Office application, available at: https://callkyso.com/files/ccso_application.pdf

EMPLOYMENT TYPE

☐ Full-Time

☐ Part-Time

☐ Seasonal / Temporary

Employment type is determined by the position applied for.

AVAILABILITY

Date Available to Start: _____/_____/_____

Desired Salary (if applicable or as listed in job posting):_____

EMPLOYMENT ELIGIBILITY

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you ever worked for Calloway County Fiscal Court? ☐ Yes ☐ No

If yes, list dates and position(s): _____

Do you possess a valid driver's license if required for this position?

☐ Yes ☐ No

Have you ever been convicted of a felony?

(A conviction will not necessarily disqualify you from employment. Any consideration of criminal history will be job related and consistent with applicable law.)

☐ Yes ☐ No

If yes, please explain (include date and disposition): _____

_____

EDUCATION & CERTIFICATIONS

High School or GED (required):

School Name & Location: _____

☐ High School Diploma ☐ GED ☐ Currently completing

If completing, anticipated completion date: _____

College, Technical School, or Other Training (if applicable):

School Name & Location: _____

Degree, Certificate, or Credential Earned (if applicable): _____

Certifications or Licenses (if applicable to the position):

List any relevant certifications or licenses you currently hold (examples: CPR/First Aid, CDL, Telecommunicator, trade or equipment certifications).

Certification / License: _____ Issued By: _____

Expiration Date (if any): _____

Certification / License: _____ Issued By: _____

Expiration Date (if any): _____

Documentation of education, licenses, or certifications may be required after a conditional job offer, when applicable.

EMPLOYMENT HISTORY (MOST RECENT FIRST)

(Please complete all three sections. Attach additional pages if necessary.)

Employer #1 (Most Recent)

Employer Name: _____

Job Title: _____

Employment Dates: ____/____/____ to ____/____/____

Supervisor Name: _____

Supervisor Phone: _____

May we contact this employer? ☐ Yes ☐ No

(If no, please explain): _____

Key Responsibilities (list in order of importance):

_____

_____

Reason for Leaving:

_____

Employer #2

Employer Name: _____

Job Title: _____

Employment Dates: ____/____/____ to ____/____/____

Supervisor Name: _____

Supervisor Phone: _____

May we contact this employer? ☐ Yes ☐ No

(If no, please explain): _____

Key Responsibilities (list in order of importance):

_____

_____

Reason for Leaving:

_____

Employer #3

Employer Name: _____

Job Title: _____

Employment Dates: ____/____/____ to ____/____/____

Supervisor Name: _____

Supervisor Phone: _____

May we contact this employer? ☐ Yes ☐ No

(If no, please explain): _____

Key Responsibilities (list in order of importance):

_____

_____

Reason for Leaving:

_____

PROFESSIONAL REFERENCES

(Do not list relatives.)

References should be individuals who can speak to your work performance, qualifications, and professional conduct. If you were employed by a family member or a family-owned business, please list a non-relative supervisor, manager, coworker, client, or professional contact who can provide an objective reference.

Reference Name: _____ Relationship: _____

Company: _____ Phone: _____

Reference Name: _____ Relationship: _____

Company: _____ Phone: _____

Reference Name: _____ Relationship: _____

Company: _____ Phone: _____

MILITARY SERVICE (If Applicable)

Branch of Service: _____

Dates of Service: _____

Training or Experience Relevant to the Position: _____

CONDITIONS OF EMPLOYMENT AND CERTIFICATION

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that false or misleading information may result in disqualification or termination.

I authorize Calloway County Fiscal Court to verify the information provided, including employment history, education, credentials, and references, and to conduct any post-offer testing or background checks permitted by law.

I understand that this application does not constitute a contract of employment and that, if hired, employment is subject to applicable laws, policies, and procedures.

I understand that employment with Calloway County Fiscal Court is at-will, meaning that either the employee or the County may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law.

SIGNATURE

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

_____

ADMINISTRATIVE USE ONLY

_____

Date Application Received: _____

Received By: _____

Position Applied For: _____

Department: _____

Application Status: ☐ Complete ☐ Incomplete ☐ Interviewed ☐ Hired ☐ Not Selected

Notes:

_____

_____

_____