



**JESSAMINE COUNTY FISCAL COURT**

**Employment Application**

Jessamine County Courthouse  
101 N. Main Street  
Nicholasville, KY 40356

**Applicant Information:**

Name: \_\_\_\_\_  
Last First Middle Maiden Name (if any)

Address: \_\_\_\_\_  
Street City State Zip code

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position you are applying: \_\_\_\_\_ When can you start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shift Preference: Any Shift \_\_\_\_\_ Day Shift Only \_\_\_\_\_ Night Shift Only \_\_\_\_\_ Alternating Shifts \_\_\_\_\_

Check One: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Other \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of any felony, violation or misdemeanor as an adult? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list below. *A conviction includes any fines paid; probation served; or jail sentences. Omit parking tickets.*

\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you previously been employed by Jessamine County Fiscal Court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list date, department and job title: \_\_\_\_\_

**LICENSES OR CERTIFICATION:**

List any machinery or equipment you can operate: \_\_\_\_\_

Do you have a driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Driver's License No. \_\_\_\_\_

If a license, or other authorization to practice a trade or profession is relevant for the position for which you are applying, complete the following:

Name of Trade or Profession:	License #:	Granted by (Agency):	Address of Licensing Agency:

**EDUCATION AND TRAINING:**

Give complete information for ALL of your education and training. The information requested in this item will serve as a basis for the rating of your training. *(If necessary, attach an additional sheet.)*

Schools	Name and Address of School	Major / Concentration	Degree or Highest Grade Completed
High School or GED			
College University			
College University			
Vocational or Business			
Military			

**WORK HISTORY:**

Beginning with most recent position, describe each job, especially experience which qualifies you for position sought. A résumé of your background may be attached. *(If needed, attach an additional sheet.)*

Company Name		Company Address		Type of Business	
Starting Date:	Leaving Date:	Starting Salary:	Final Salary:	Starting Position:	Present Position:
Name of Immediate Supervisor:		Supervisors Position Title:		Phone Number:	

Explain reason for leaving or wanting to leave: \_\_\_\_\_.

Please describe your duties and responsibilities: \_\_\_\_\_.

Company Name:		Company Address:		Type of Business:	
Starting Date:	Leaving Date:	Starting Salary:	Final Salary:	Starting Position:	Present Position:
Name of Immediate Supervisor:		Supervisors Position Title:		Phone Number:	

Explain reason for leaving or wanting to leave: \_\_\_\_\_.

Please describe your duties and responsibilities: \_\_\_\_\_.

Company Name:		Company Address:		Type of Business:	
Starting Date:	Leaving Date:	Starting Salary:	Final Salary:	Starting Position:	Present Position:
Name of Immediate Supervisor:		Supervisors Position Title:		Phone Number:	

Explain reason for leaving or wanting to leave: \_\_\_\_\_.

Please describe your duties and responsibilities: \_\_\_\_\_.

MILITARY EXPERIENCE (explain duties here) \_\_\_\_\_

Entry Date \_\_\_\_\_ Separation Date \_\_\_\_\_ Branch of Service \_\_\_\_\_

Rank \_\_\_\_\_ Present Selective Service Classification \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT**

***Jessamine County Fiscal Court is an Equal Opportunity Employer***

I hereby certify, under penalty of law, that the information contained on this form is true, and complete to the best of my knowledge and belief. I am aware that should investigation at any time show any such misrepresentation or falsification, my application will be rejected, my name will be removed from the eligible list, and I will be dismissed from service. I authorize the Jessamine County Fiscal Court to make all necessary and appropriate investigations to verify the information contained herein and to verify my transcripts as needed with the university or college concerning my achieved education. I understand that my application will be on file for six months only. It is my responsibility to update and reactivate my application as I understand I will not be notified my application has expired. I also understand that when my application has expired it will be removed from the Jessamine County Fiscal Court files along with all other data relating to my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, have applied for employment with the Jessamine County Fiscal Court. Please fill in the last page of this form and return it to the Jessamine Fiscal Court, Office of the Judge/Executive in the Courthouse on Main Street, Nicholasville, Kentucky.

This will authorize your agency to disclose to the Jessamine County Fiscal Court, Nicholasville, Kentucky, any and all information in your office's possession pertaining in any way to me and any convictions of any felony, misdemeanor, or violation that I have had as an adult.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR RECORD CHECK**

Jessamine County Fiscal Court  
Office of County Judge/Executive  
Courthouse  
101 N Main Street  
Nicholasville, KY 40356

Date of Request \_\_\_\_\_

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THIS SECTION TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ Most Previous Address: \_\_\_\_\_

**Description** Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_ Exp. Date: \_\_\_\_\_

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THIS SECTION TO BE COMPLETED BY EMPLOYER OR AGENCY WITH JURISDICTION

Criminal Conviction: YES \_\_\_\_\_ NO \_\_\_\_\_

Traffic Convictions: YES \_\_\_\_\_ NO \_\_\_\_\_

At-Fault Accidents: YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: If "YES" to any of the above, please give details, dates, etc. in space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Name Title Date

Agency Name: \_\_\_\_\_