

For what position are you applying?

# City of Bellevue Application for Employment

This form may be submitted to: The City of Bellevue, 616 Poplar Street, Bellevue, KY 41073

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status or any other legally protected status. Bellevue is an equal opportunity employer.

This form must be typed or printed.

<u> </u>	PERSONAL INFORM	<u> AATIO</u> N			
Name (Last, First, Middle):  Date:					
Street Address:					
City:		State:	ZIF	<b>:</b>	
Home Phone #:	Seconda	Secondary Phone #:			
email address:					
	CENED AL OLIECT				
Are you at least 18 years of age? If ap least 21 years of age?			n, are you at		
	plying for a Police Of		n, are you at	YES YES	
least 21 years of age?	plying for a Police Of		n, are you at		NO NO
least 21 years of age? Have you ever filed an application with Are you presently employed?  Are you prevented from lawful employed.	plying for a Police Of	ficer's positio		YES	NO
least 21 years of age? Have you ever filed an application with Are you presently employed?	plying for a Police Of  us before?  ment in this country	ficer's positio		YES YES	NC NC
least 21 years of age? Have you ever filed an application with Are you presently employed?  Are you prevented from lawful employ Immigration Status?	plying for a Police Of  us before?  ment in this country  ny?	ficer's positio		YES YES YES	NC NC

#### **EDUCATION**

	EDU	CATION		
School Type	Name & Address of School	Course of Study	Yrs/Hrs Completed	Diploma/ Degree
Elementary School				
Middle School				
High School				
College/ University				
College/ University				
College/ University				
Other				
Other				
Other				
			1	

### **AFFILLIATIONS**

List any professional, trade, business or civic offices or memberships:		

## **EMPLOYMENT HISTORY**

Employer:		Date En	nployed	
		From	To	
Address:				
Telephone #:	Job Title:			
		Hourly Rate/ Salary		
Supervisor:		Beginning	Final	
Reason for Leaving:				
Employer:		Date Employed		
1 0		From	То	
Address:				
Telephone #:	Job Title:			
receptione ".	Job Title.	Hourly Ra	ite/ Salary	
Supervisor:		Beginning	Final	
Supervisor:		Degining	Filiai	
Decree for Leaving				
Reason for Leaving:				
Employer:		Date En		
		Date En From	nployed To	
Employer: Address:				
Address:				
	Job Title:	From	То	
Address:	Job Title:	From  Hourly Ra	То	
Address:	Job Title:	From	То	
Address: Telephone #: Supervisor:	Job Title:	From  Hourly Ra	To  tte/ Salary	
Address: Telephone #:	Job Title:	From  Hourly Ra	To  tte/ Salary	
Address: Telephone #: Supervisor:	Job Title:	From  Hourly Ra	To  tte/ Salary	
Address: Telephone #: Supervisor:	Job Title:	From  Hourly Ra	To  nte/ Salary  Final	
Address:  Telephone #:  Supervisor:  Reason for Leaving:	Job Title:	From  Hourly Ra  Beginning	To  nte/ Salary  Final	
Address:  Telephone #:  Supervisor:  Reason for Leaving:	Job Title:	From  Hourly Ra  Beginning  Date En	To  nte/ Salary  Final	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:	Job Title:	From  Hourly Ra  Beginning  Date En	To  nte/ Salary  Final	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:  Address:		From  Hourly Ra  Beginning  Date En	To  nte/ Salary  Final	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:	Job Title:	From  Hourly Ra  Beginning  Date En  From	To  tte/ Salary  Final  nployed  To	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:  Address:  Telephone #:		Hourly Ra Beginning  Date En From  Hourly Ra	To  ate/ Salary  Final  To  ate/ Salary	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:  Address:		From  Hourly Ra  Beginning  Date En  From	To  tte/ Salary  Final  nployed  To	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:  Address:  Telephone #:  Supervisor:		Hourly Ra Beginning  Date En From  Hourly Ra	To  ate/ Salary  Final  To  ate/ Salary	
Address:  Telephone #:  Supervisor:  Reason for Leaving:  Employer:  Address:  Telephone #:		Hourly Ra Beginning  Date En From  Hourly Ra	To  ate/ Salary  Final  To  ate/ Salary	

SPECIALIZED SKILLS			
List any specialized training or skills:			
AFFIRMATION OF TRUTH			
I certify that the answers given herein are true and complete to the best of n	ny knowledge.		
I authorize investigation of all statements contained in this application for e in arriving at an employment decision.	employment as may be necessary		
I understand that any false or misleading information given by me in this application or in any other part of the selection process will be grounds for cessation of the application process. I further understand that if any false, misleading or incomplete information is discovered after I am employed, I will be terminated.			
Printed name of Applicant:			
Signature of Applicant:	Date:		
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