

# SUMMER EMPLOYMENT

Name \_\_\_\_\_

Please mark the position(s) for which you are applying:

**You must be 18 or older to apply:**

- ☐ Camp Kearney Counselor
- ☐ Therapeutic Recreation Camp Counselor
- ☐ Counselors with Sign Language Skills
- ☐ Raven Run/McConnell Springs Program Specialists
- ☐ Art Kids Camp Counselor/Kiddie Kapers Dance Camp
- ☐ Adult Softball Umpire
- ☐ Youth Baseball Umpire
- ☐ Youth Softball Umpire
- ☐ Tennis Instructor
- ☐ Athletic Supervisor (Baseball/Softball)
- ☐ Camp Counselor (Castlewood/Kenwick Camps)
- ☐ Adventure Programming

**You must be 16 or older to apply:**

- ☐ Special Events Staff
- ☐ Free Friday Flicks Parking Staff

**Return these applications to:**

Parks & Recreation 545 North Upper Street Lexington, KY 40508

## **Maintenance Positions:**

**apply at North Base, 1793 Liberty Road, Lexington, KY 40507**

## **Pool Positions: *apply On Line***

**or at Picadome, 469 Parkway Drive, Lexington, KY 40504**

## **Golf Positions:**

**apply at Picadome, 469 Parkway Drive, Lexington, KY 40504**

## GENERAL APPLICATION

Lexington-Fayette Urban County Government, 200 East Main Street – Lexington, KY 40507

AN EQUAL OPPORTUNITY EMPLOYER

PRINT IN BLACK/BLUE INK OR TYPE ALL ANSWERS, YOU SHOULD READ ALL ITEMS AND FILL IN APPLICATION COMPLETELY.  
IF MORE SPACE IS NEEDED, ADDITIONAL FORMS CAN BE REQUESTED.

The completed application and all supporting documents, when submitted to the Division of Human Resources become the property of the Urban County Govt.

Social Security Number    -    -

Are you authorized for employment in the U.S.? Yes ☐ No ☐

Do you require sponsorship by the LFUCG to work in the U.S.?

Yes ☐ No ☐

**For Positions which require "Sworn Status" Only:**

21 or older: Yes ☐ No ☐ U.S. Citizen: Yes ☐ NO ☐

When can you begin work? \_\_\_\_\_ Are you willing to work? ☐ Any Shifts ☐ Day Shift Only ☐ Night Shift Only

Check all that apply: ☐ Permanent ☐ Temporary ☐ Part-time ☐ Seasonal

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code How long? \_\_\_\_\_ Years

Phone:    -    -

Recruitment by: (Check all applicable)

Are you 18 years of age or older?

☐ Yes ☐ No

☐ Personal contact ☐ Television ☐ Radio

☐ Newspaper/Magazine ☐ Web site ☐ Other \_\_\_\_\_

If under 18 years of age indicate date of birth

Remarks: \_\_\_\_\_

-    -

Have you ever been known by any other name? ☐ Yes ☐ No If yes, please state name(s): \_\_\_\_\_

Have you been convicted of any **MISDEMEANOR, FELONY OR VIOLATIONS, INCLUDING DRIVING UNDER THE INFLUENCE (DUI), LEAVING THE SCENE OF AN ACCIDENT OR NOT REPORTING AN ACCIDENT** as an adult eighteen (18) years or older? ☐ Yes ☐ No. We automatically check the State of Kentucky for you. However, you must list below all convictions outside of Kentucky. A conviction includes any fines paid, jail sentences, probation served. Conviction of a crime is not an automatic rejection. The specific situation will be reviewed.

Type	Offense	Date	County/State	Disposition
<i>Misdemeanors, Felonies and Violations as an adult eighteen (18) years or older</i>				

Have you been convicted of any **TRAFFIC AND MOVING VIOLATIONS** in the last five (5) years? ☐ Yes ☐ No. We automatically check the State of Kentucky for you. However, you must list below all convictions outside of Kentucky. A conviction includes any fines paid, jail sentences, probation served or traffic school(s) attended (omit parking tickets). Conviction of a crime is not an automatic rejection. The specific situation will be reviewed. **If the position for which you are applying requires a driver's license or CDL**, failure to disclose or falsification of any traffic conviction(s) including those which have been merged may result in automatic rejection of the application.

Type	Offense	Date	County/State	Disposition
<i>Traffic and Moving Violations in the last five (5) years</i>				

In the five years prior to application date, have you ever been involved in any motor vehicle accidents? ☐ Yes ☐ No If yes, list below.

Date	County/City/State	At Fault

Submit documentation-substantiating accidents listed above which were **not at fault**, otherwise accidents will be counted toward the driving point's total. If documentation cannot be obtained, the following statement may be used:

"I \_\_\_\_\_, certify that no citations were issued indicating I was at fault or the cause of an

Name

accident(s), and that insurance investigator did not find negligence on my behalf. I further certify that my accident(s) on \_\_\_\_\_  
was/were not my fault." Dates

Accident/Emergency Notification:

1.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

2.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

Are you related to any person(s) currently working for the Urban County Government? ☐ Yes ☐ No if yes, list name(s), work location(s) and relationship: \_\_\_\_\_

List any specialty equipment/machinery you can operate: \_\_\_\_\_

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License No.: _____ Expiration Date: _____		Office use Verified by: _____
Do you have a valid Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____		
If yes, a.) Circle which CDL class: A B C b.) CDL endorsement: H N P X T c.) CDL restrictions: K I L J O S		

LICENSES OR CERTIFICATIONS:

If a license, certificate, 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 Number	Granted by (licensing agency):	Address of Licensing Agency	
	Expiration Date (if applicable)			

MILITARY EXPERIENCE:

Branch of Service: _____	Entry Date: _____	Rank at Separation: _____	
Character of Service: _____	Separation Date: _____		
IF YOU SERVED IN THE ARMED FORCES DURING A TIME OF CONFLICT AND DESIRE VETERAN'S PREFERENCE, ATTACH A COPY OF YOUR DD214 _____			
State which conflict: _____			

EDUCATION AND TRAINING

Give complete information for all of your education and training. The information requested in this item will serve as basis for the rating of your education and training. If necessary, attach an additional sheet. If you have completed college work, you must submit/present a diploma and/or official transcripts of all completed work as required by the job advertisement.

Circle highest grade completed:

(30 Semester Hours equals 1 Year of college Credit)

\*(1) Semester Hours completed

(2) Quarter Hours Completed

Grade School

1 2 3 4 5 6 7 8

High School

9 10 11 12

College

1 2 3 4

Graduate

1 2 3 4

Schools	Name and Address of School	Dates Attended				Date Of Graduation	Course Work Hours*		Major Course Work	Degree		
		From Mo.	Yr.	To Mo.	Yr.		(1)	(2)				
Grade School												
High School or G.E.D.												
College University											<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
College University											<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Vocational Business Military											<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

**DO NOT SUBSTITUTE A RESUME FOR THIS SECTION**

**EMPLOYMENT EXPERIENCE:** Begin with your present or last job. Describe each specific job (**especially starting and ending dates**). List all experience including military experience. It is very important that you describe your duties and responsibilities on each position listed. **Overall experience can be a factor in determining ranking and pay.** Please list all applicable experience no matter the time frame. Applicable volunteer experience may be listed. Also please account for periods of unemployment. **Please list each position in a separate space, even if you were with the same company.**

Have you ever been suspended or dismissed or forced to resign from employment within the last 12 months ☐ Yes ☐ No If yes, list dates and reasons why. \_\_\_\_\_

Company Name: _____	Mo. Yr. Mo. Yr. Starting Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> Ending Date: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Type of Business: _____	Position Title: _____
Company Address: _____	Approx.: Start Base Salary Final Base Salary
Name of Immediate Supervisor: _____	Part Time <input type="checkbox"/> Average Hrs. <input type="text"/>
Supervisor's Position Title: _____	Full Time <input type="checkbox"/> Per Week <input type="text"/>
Employer's Phone Number: _____	<div>Internal use only</div>

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF ADDITIONAL SPACE FOR WORK HISTORY IS NEEDED, SPECIAL SHEETS WILL BE PROVIDED UPON REQUEST**

I hereby certify, under penalty of law, that the information on the application is **true, accurate, and correct** to the best of my knowledge and belief and if hired, agree to abide by and uphold all laws, policies and procedures of the Urban County Government, including among others, codes of ordinances, the affirmative action plan, the code of ethics, the uniform disciplinary code, etc. I am aware that should an investigation at any time show any misrepresentation, falsification or omission, my application will be rejected, my name will be removed from the eligibility list or I will be dismissed from service. I authorize the Division of Human Resources to make all necessary and appropriate investigations to verify the information contained on all other applications and all supplemental documents including transcripts, etc. I understand that my application will be on file for one year only. It is my responsibility to update and reactivate my application, as I understand I will not be notified when my application has expired. Additionally, it is my responsibility to specifically detail my education and experience as it compares to the job description for each position for which I apply. I realize that my education and experience will be evaluated and compared to a standard for scoring purposes. I also understand that when my application has expired it will be removed from the Division of Human Resources files along with other data relating to my application. I also understand that all supporting documents requested in the advertisement must be presented/submitted by appropriate date in order for the application to be valid.

DATE

SIGNATURE OF APPLICANT (Do not print or type)

**REQUEST FOR RECORD CHECK  
LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT  
DATE OF REQUEST \_\_\_\_\_**

**APPLICANT: PLEASE COMPLETE THIS SECTION (PLEASE PRINT)**

**NAME:** \_\_\_\_\_  
                                     **LAST**                                    **FIRST**                                    **MIDDLE**

**Have you ever been known by any other name?** ☐ Yes ☐ No

**if yes, please state name(s):** \_\_\_\_\_

**CURRENT**  
**ADDRESS:**

**STREET NAME, APARTMENT #, ETC.**

CITY	STATE	ZIP	COUNTY	From _____ To _____ DATES OF RESIDENCE
------	-------	-----	--------	---

## PREVIOUS ADDRESSES

**STREET NAME, APARTMENT #, ETC**

**(Must include last 5 years - space on reverse side)**

CITY	STATE	ZIP	COUNTY	From	To
				DATES OF RESIDENCE	

**STREET NAME, APARTMENT #, ETC**

CITY	STATE	ZIP	COUNTY	From _____ To _____ DATES OF RESIDENCE
------	-------	-----	--------	---

**DESCRIPTION:** SEX \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_

DRIVER'S LICENSE NO. : \_\_\_\_\_ STATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

I, \_\_\_\_\_, have applied for employment with the Lexington-Fayette Urban County Government. Please fill in the reverse side of this form and return it to:

**LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT, DIVISION OF HUMAN RESOURCES**  
**200 EAST MAIN STREET, LEXINGTON, KY 40507**

**This will authorize your agency to disclose to the Division of Human Resources, Lexington-Fayette Urban County Government, any and all information in your office's possession pertaining in any way to me and any conviction of any felony, misdemeanor or violation that I have as an adult.**

**SIGNATURE OF APPLICANT**

**DATE**

**ATTENTION LAW ENFORCEMENT AGENCY: PLEASE COMPLETE THE FORM ON THE BACK SIDE OF THIS RECORD CHECK AUTHORIZATION FORM AND RETURN IT TO OUR OFFICE IN THE ENCLOSED SELF ADDRESSED STAMPED ENVELOPE AS SOON AS POSSIBLE.**

**THANK YOU FOR YOUR COOPERATION.**

THIS SECTION TO BE COMPLETED BY LAW ENFORCEMENT AGENCY OR  
COURT OF JURISDICTION

CRIMINAL CONVICTIONS	YES _____	NO _____
TRAFFIC CONVICTIONS	YES _____	NO _____
AT FAULT CONVICTIONS	YES _____	NO _____

NOTE: IF "YES" ON ANY OF THE ABOVE, PLEASE GIVE DETAILS, DATES, FINES PAID, ETC., IN SPACE BELOW:

ARREST DATE

OFFENSE

DISPOSITION


DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
NAME RANK OR TITLE

AGENCY NAME ADDRESS (ADDRESS CORRECTION REQUESTED)

APPLICANT - USE THIS SPACE FOR ADDITIONAL ADDRESSES

STREET NAME, APARTMENT #, ETC.

				From ____ To ____
CITY	STATE	ZIP	COUNTY	DATES OF RESIDENCE

STREET NAME, APARTMENT #, ETC.

				From ____ To ____
CITY	STATE	ZIP	COUNTY	DATES OF RESIDENCE