

**DONALD W. BLEVINS, JR.**  
**FAYETTE COUNTY CLERK**  
**162 EAST MAIN STREET**  
**LEXINGTON, KENTUCKY 40507**

An Equal Opportunity Employer

*Print in ink or type all answers. If more space is needed, use an additional sheet of paper.*

Position you are applying for: \_\_\_\_\_

When can you begin work? \_\_\_\_\_

Check all that apply:  Permanent  Temporary  Part-time

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

Phone numbers: \_\_\_\_\_  
Home Cell Work (Only if you can receive calls there)

Best time to be reached by phone? \_\_\_\_\_

Recruitment by: (Check all applicable)  Personal contact  Advertisement  Web site  Other \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Are you a U.S. citizen?  Yes  No

Are you related to anyone currently working for this office?  Yes  No

If yes, list name(s) and relationship(s): \_\_\_\_\_

Have you been convicted of any felony or misdemeanor as an adult (over 18)?  Yes  No

If yes, list below. A conviction includes any fines paid, probation served or jail sentences (omit parking tickets, include moving violations). Conviction of a crime is not an automatic rejection. The specific situation will be reviewed. Failure to reveal information on this question is a cause for automatic rejection.

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

Whom would you prefer we notify in case of an accident or emergency?

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Can you type?  Yes  No If yes, WPM: \_\_\_\_\_

Do you have a driver's license?  Yes  No Driver's license number: \_\_\_\_\_

## EDUCATION

Schools	Name & City/State of School	Years Completed	Degree/Certificate/Diploma
Middle School			
High School			
College			
Specialized Training			

Indicate any foreign languages you speak, read and/or write: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Begin with your PRESENT or LAST job. Applicable volunteer experience may be listed. Please account for periods of unemployment.

Company name _____	Starting date (mo./yr.) _____
Type of business _____	Ending date (mo./yr.) _____
Company address _____	Position _____
_____	Average weekly hours _____
Supervisor's name _____	Approx. starting salary _____
Supervisor's title _____	Approx. ending salary _____
Employer's phone _____	
Explain reason for leaving: _____	
Please describe your duties and responsibilities: _____	
_____	
_____	
_____	

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_____	
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I hereby certify, under penalty of law, that the information contained on this application is true, correct 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 or I will be dismissed from my employment. I authorize the Clerk to make all necessary and appropriate investigations to verify the information contained herein.

Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_