



# GRAYSON UTILITIES COMMISSION

671 S. State Hwy. 7  
Grayson, KY 41143  
Office: 606-474-7569  
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graysonutilities.com

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

Name \_\_\_\_\_ Application date \_\_\_\_\_  
Last First Middle  
 Present Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 \_\_\_\_\_ Date of birth \_\_\_\_\_  
City State Zip Phone No. \_\_\_\_\_  
 Home  Cell

Desired rate of pay \_\_\_\_\_

Date you can start \_\_\_\_\_ Are you employed now? YES  NO

Employment desired \_\_\_\_\_

Position applying for \_\_\_\_\_

Have you ever been convicted of a felony or incarcerated because of a felony within the past 7 years? YES  NO

If YES, please explain. \_\_\_\_\_

Are you entitled to work in the United States? YES  NO

### EDUCATION

	Name/Location	Last Year of Completion				Degree	Major or Emphasis
		9	10	11	12		
High School							
College University		1	2	3	4		
Trade School							
Other							

List any applicable special skills, training or proficiencies \_\_\_\_\_

### MILITARY SERVICE

Were you ever in the U.S. Armed Forces? YES  NO

If YES, what branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

**PERSONAL REFERENCES**

Name	Address	Phone Number

**PROFESSIONAL REFERENCES (Former Immediate Supervisor)**

Name	Title	Company Name	Company Address	Phone Number

**PREVIOUS EMPLOYERS (Please list last three)**

	Current or most recent	Prior	Prior
Employer			
Address			
City, State, Zip			
Name of Immediate Supervisor			
Dates of Employment			
Position/Title			
Pay			
Reason for leaving			
May we contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**NOTICE: A drug screen and background verification are required prior to start date.**

It is the policy of the Grayson Utilities Commission to select and promote employees without regard to race, color, religion, sex or national origin.

**The Grayson Utilities Commission is an equal opportunity provider and employer.**

By signing I hereby certify that the information I have provided, to the best of my knowledge, is correct.  
 I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.  
 I also provide consent for former employers to be contacted regarding my work records.

Signature \_\_\_\_\_ Date \_\_\_\_\_