



Michael Fleming  
Chief of Police

NICHOLASVILLE POLICE DEPARTMENT  
717 North Main Street  
Nicholasville, Kentucky 40356  
(859) 885-9467  
police@nicholasville.org



State Accredited Law  
Enforcement Agency

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## Instruction Sheet and General Information

1. Your application must be typed or printed legibly (in **black** ink only).
2. **Follow all instructions on the application exactly.** Failure to do so could result in your being disqualified from the application process.
3. **Your application must be filled out completely since it will be the basis of the Criminal Background Investigation that will occur prior to employment. If a question does not apply to you, mark that question "N/A" (not applicable).** *If there are any unanswered questions, your application will be considered incomplete and you will be disqualified from the application process.*
4. If you need more room to answer any question, please attach a separate sheet of paper and clearly identify the question to which you needed more room.
5. Enclose a copy of the following when submitting your application: *(if any of the applicable items are missing, your application will be considered incomplete.)*
  - ✓ Social Security Card
  - ✓ Valid Operator's License with picture ID (with current address)
  - ✓ Birth Certificate
  - ✓ High School Diploma (or GED equivalent)
  - ✓ College Diploma

During the employment process, it is the responsibility of the applicant to notify the Records Division, by phone at (859) 885-9467 or in writing, of any changes in **address** or **telephone number** immediately. If at any time, the applicant should desire to have his or her name removed from consideration in the employment process, the applicant should notify the Nicholasville Police Department immediately.

**PLEASE NOTE: Any applicant/candidate who has engaged in fraud or made a misstatement of material fact on their application and/or examination shall have his or her name removed from consideration.**

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**CIVILIAN (NON-SWORN) POSITION APPLICATION**

The following information is required of you for verification and contact purposes. Please print or type – in black ink **ONLY**

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

Other Names (including nicknames) that you have used or been known by: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address (if applicable) \_\_\_\_\_

You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for Citizenship to be employed by the Nicholasville Police Department. Can you provide such documentation? .....  Yes  No

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes only, to ensure that proper records are obtained.)

Date available for work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

What is the best time to contact you? \_\_\_\_\_

**EXPERIENCE AND EMPLOYMENT**

Have you ever filed an application with our agency before? .....  Yes  No

Have you ever been employed with our agency before? .....  Yes  No

Are you currently on “lay off” status and subject to recall? .....  Yes  No

Have you ever had any extended absences from work for reasons other than earned vacation? .....  Yes  No

Have you ever been fired or asked to resign from any place of employment? .....  Yes  No

If you have answered “YES” to any of the above questions, please explain: \_\_\_\_\_

May we contact your present employer during the course of the background investigation? .....  Yes  No

Can you travel if a job requires it? .....  Yes  No



**BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT**, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. For identification and verification, please indicate the nature of the activity, e.g. full-time, part-time, or voluntary. If you have been intervening periods of military service or employment, please list those periods in sequence in the spaces provided.

Dates of Employment		Name & Address of Employer	Telephone No.
From	To		Name of Supervisor:
Mo. / Yr.	Mo. / Yr.		Starting Salary:
			Final Salary:
Title (for identification purposes)			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
WORK PERFORMED:			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Telephone No.
From	To		Name of Supervisor:
Mo. / Yr.	Mo. / Yr.		Starting Salary:
			Final Salary:
Title (for identification purposes)			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
WORK PERFORMED:			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Telephone No.
From	To		Name of Supervisor:
Mo. / Yr.	Mo. / Yr.		Starting Salary:
			Final Salary:
Title (for identification purposes)			
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
WORK PERFORMED:			
REASON FOR LEAVING:			

Dates of Employment		Name & Address of Employer	Telephone No.
From Mo. / Yr.	To Mo. / Yr.		Name of Supervisor:
			Starting Salary:
Title (for identification purposes)			Final Salary:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary <input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed			
WORK PERFORMED:			
REASON FOR LEAVING:			

**SPECIALIZED SKILLS AND/OR OTHER QUALIFICATIONS**

Summarize any specialized skills, training, or qualifications acquired from employment or other experience. Be sure to list any equipment or computer programs/software that you are proficient in operating.

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**EDUCATION**

Please indicate all the high schools and college or universities that you have attended and any degrees obtained while attending. A review of your school records may be made in conjunction with the background investigation.

Name of School	Location of School (City & State)	Dates Attended		Degree Earned (if applicable) or Hours
		From	To	

Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level.) .....  Yes  No

If "Yes", please explain (include which school, date, and the circumstances.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEGAL**

Have ever been arrested or convicted for any crime (excluding traffic citations)? *(The fact that your record may have been affected by a sealing or by an expungement, a release, or a pardon may have specific legal implications as to how you should answer this question.)*.....  Yes  No

Have you ever been placed on court probation as an adult? .....  Yes  No

Have you ever been reported to a law enforcement agency as a missing person or a runaway?.....  Yes  No

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?.....  Yes  No

If you have answered YES to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

In the space below, please list 3 to 5 References. These should be individuals who have knowledge of you and your qualifications, EXCLUDE FAMILY MEMBERS.

Name	Address where person may be contacted (include City, State, and Zip Code)	Telephone Number where person may be contacted

**GENERAL**

List professional, trade, business, or civic activities and offices held. (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Date	Organization	Responsibility

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE POSITION ATTACHED TO THE FRONT OF THIS APPLICATION.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Please check only one:       Yes       No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICANT'S STATEMENT

I hereby certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active until the position is filled. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I hereby acknowledge that I will be given a pre-employment drug test. I am aware that employees may not be hired or assigned to positions unless they pass these tests.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, up to and including random drug testing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date