



Mail to: P.O. Box 91381 Louisville, KY 40291 or call 502-231-1079

Applicant Information

Applicant Name _____

Home Phone _____ Number and street _____

Other Phone _____ City _____

Email Address _____ State & Zip _____

How were you referred to the company? _____

Are you applying for:

Part-time work? Y or N

Full-time work? Y or N

What days and hours do you prefer to work? _____

If hired, on what date can you start working? _____ / _____ / _____

Personal Information:

Do you have any friends, relatives, or acquaintances working for Company? Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N If no, describe the functions that cannot be performed

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Y or N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. _____

Education:

Highest level of education (circle one): 11, 12 (High School), 13, 14, 15, 16 (Bachelors), 17, 18+ (Masters)

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Y or N

If yes, please explain _____

Employment History

Are you currently employed? Y or N

Below, please describe past and present employment positions.

Current/Past:

Employer: _____ Length of Employment (Include Dates): _____
Name of Supervisor: _____ Position & Duties: _____
Telephone Number: _____ May we contact this employer for references? Y or N
Business Type: _____ Reason for Leaving: _____
Address: _____ City, state, zip: _____

Employer: _____ Length of Employment (Include Dates): _____
Name of Supervisor: _____ Position & Duties: _____
Telephone Number: _____ May we contact this employer for references? Y or N
Business Type: _____ Reason for Leaving: _____
Address: _____ City, state, zip: _____

References:

First, Last: _____ First, Last: _____
Telephone Number: _____ Telephone Number: _____
Address: _____ Address: _____
City, state, zip: _____ City, state, zip: _____
Number of Years Acquainted: _____ Number of Years Acquainted: _____

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. _____

I permit the company to examine my references, record of employment and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

Applicant's Signature: _____ **Date:** _____