



**APPLICATION FOR  
EMPLOYMENT**

**9599 Summer Hill Road  
California, KY 41007  
(859) 635-0500 (859) 635-0504 Fax**

**Applications not signed and completed in full will be withdrawn from consideration.  
Please print clearly.**

Last Name	First	Middle	Date
Street Address			Home Telephone: (    )
City, State, Zip			Business Telephone (    )
Are you legally eligible for employment in the United States? (verification required) <input type="checkbox"/> Yes <input type="checkbox"/> No			Former Names known by:
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year			Email:
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Month and Year			Reason for Leaving:
Do you drive and have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			List State and Number:
Have you had any traffic citations, excluding parking fines within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain:			Are you over 21? <input type="checkbox"/> Yes <input type="checkbox"/> No
State any friends or relatives working for us, other than spouse.			
Have you been convicted of a crime which has not been annulled, expunged or sealed by a court? (A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness, and nature of violation will be taken into account.) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe in full.			
In the past, have you ever failed a drug test or been discharged from a job because of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe in full.			

***We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or any other legally protected status.***

Position(s) Applied for:	
Are you available for work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, shifts preferred:	When will you be available to work?
Are you able to meet the attendance requirements of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate					
Other (Specify)					

Describe other special training, skills, licenses and/or certificates related to the job for which you are applying.
_____
_____
_____
_____

**Employment Experience**

Start with your present or last job. Include job-related military service assignment and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Telephone (    )	
Address	Employed (state month & year)	
	From:	To:
Name of Supervisor	Weekly Pay	
	Start	Last
State Job Title & Describe Your Work	Reason for Leaving	

Employer	Telephone (    )	
Address	Employed (state month & year)	
	From:	To:
Name of Supervisor	Weekly Pay	
	Start	Last
State Job Title & Describe Your Work	Reason for Leaving	

Employer	Telephone (    )	
Address	Employed (state month & year)	
	From:	To:
Name of Supervisor	Weekly Pay	
	Start	Last
State Job Title & Describe Your Work	Reason for Leaving	

Employer	Telephone (    )	
Address	Employed (state month & year)	
	From:	To:
Name of Supervisor	Weekly Pay	
	Start	Last
State Job Title & Describe Your Work	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer Number(s) \_\_\_\_\_

Reason: \_\_\_\_\_

PERSONAL REFERENCES:  
 (former co-workers preferred, please list one close family member)

Name:	Relationship	Address	Phone Number

The facts given in my application for employment are true and complete to the best of my knowledge. I understand that if I am employed, any false statement, misleading information or material omission on this application or given in an interview may be sufficient cause for cancellation of this application or immediate discharge from employment regardless of when such information is discovered.

I further understand and acknowledge that, unless otherwise defined by applicable law, that any employment relationship is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that only an authorized officer of the agency has the authority to make any agreement contrary to the foregoing. I further understand that such assurances must be in writing and signed by an authorized officer.

I authorize any investigation of statements contained in this application for employment. The agency may receive a report from an investigative consumer agency to obtain information on my credit and personal history. At my request, the agency must provide the name of the investigative consumer agency so that I may obtain from them the nature and substance of the information contained in the report. I hereby release from liability the agency and its representatives for seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

I also understand that if I am hired, I am required to abide by all policies rules and regulations of the agency as currently stated or issued in the future and acknowledge that they are subject to change at the agency's sole discretion. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I consent to undertake a medical exam and/or drug testing after a conditional offer of employment has been made.

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

\_\_\_\_\_  
 Date