

WINCHESTER (859)744-0400 Fax (859)744-6974 845 Bypass Road Winchester, KY 40391

RICHMOND (859)625-0409 Fax (859)625-0190 5099 Atwood Drive Richmond, KY 40475 **GEORGETOWN** (502)863-5600 Fax (502)867-4995 115 Etter Lane Georgetown, KY 40324

We are an equal opportunity employer. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Please Print Clearly

Position(s) applied for		Date of Application				
Name (first)	(middle)	(middle)(last)				
Address		Social Security #				
City	State	Zip Code_				
Home Phone	Cell Ph	one				
If you are under 18, and it is requ	uired, can you furnish a work permit?	□ YES □ NO				
If no, please explain						
Have you ever been employed he	ere before? YES NO Are you leg	ally eligible for employ	ment in this co	untry? 🗆	YES 🗆 NC	
Date available for work	Are you able to meet the	ne attendance requirer	ments for the po	sition: 🗆	YES 🗆 NO	
Type of employment desired:	□ Full-Time □ Part-Time □ Ten	nporary	al 🗆 Educatio	onal/Co-Op	p	
Are you able to meet the attenda	nce requirements for the position: \Box Y	ES 🗆 NO				
Have you been convicted of a cri	me in the last seven (7) years?	S 🗆 NO				
If yes, please explain						
Driver's license number if driving	is an essential job function		St	ate		
Work Experience List presen	t and former employers beginning with a	the most recent				
(1) Employer		From	To			
Address		Job Title				
City	State	Phone #				
Supervisior Name & Title		Reason for Leaving_				
Summarize the Nature of Work/Job	Responsibilitites					
Hourly Rate/Salary	Final \$	Per 🗆	Hour Week	☐ Month	□ Year	
(2) Employer		From	To_			
Address		Job Title				
City	State	Phone #				
Supervisior Name & Title		Reason for Leaving_				
Summarize the Nature of Work/Jol	b Responsibilitites					
Hourly Rate/Salary	Final \$	Per 🗆	Hour Week	□ Month	□ Year	

AN EQUAL OPPORTUNITY EMPLOYER



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(3) Employer		From	To	
Address		Job Title		
City	State	Phone #		
Supervisior Name & Title		Reason for Leaving		
Summarize the Nature of Work/Job Responsibilitit	es			
Hourly Rate/Salary	Final \$	Per	Hour	□ Year
(4) Employer		From	To	
Address		Job Title		
City	State	Phone #		
Supervisior Name & Title		Reason for Leaving		
Summarize the Nature of Work/Job Responsibilitit	es			
Hourly Rate/Salary	Final \$	Per □	Hour □ Week □ Month	□ Year
Skills and Qualifications				
Record of Education Name and L		ompleted Graduate	? Course of Study	
College				
Other				
Personal References (Not Former Employe	rs or Relatives)			
Name (1)	Phone	Years Know	wn	
(2)(3)				
To Be Completed by All Applicants – Ple	ase read carefully before signing			
I certify that the information contained in this complete to the best of my knowledge. I und supplement thereto, will be sufficient grounds HARDWARE the right to obtain pertinent information from any liability free to resign at any time, with or without cause and without p contract for employment for any specifies per officer, has the authority to make any assurant	application and in any resume provide erstand that any false statements, mist for rejection of this application or disc ormation concerning me from former e that may arise by truthful disclosures use and without prior notice, and the e rior notice, except as may be required iod or definite duration. I understand t	representations or omissions natharge after employment. Imployers and others, and I report such investigations. Imployer reserves the same right by law. This application does that no representative of the end that any such assurances in	nade by me on this applicat I give BYPASS RENTA l elease all those providing or f I am hired, I understand that to terminate my employ not constitute an agreemen mployer, other than an aut must be in writing and signe	ion or any L AND that I am ment at it or horized ed by an

Applicant's Signature_

required to provide proof of identity and legal work authorization.

disability because of that person's need for a reasonable accommodation as required by the ADA.

Your signature acknowledges you have read and agree to the material above.

I also understand that if I'm hired, I will be

Date_