



149 STEVE DRIVE
RUSSELL SPRINGS, KY 42642-4262

application for employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

PERSONAL INFORMATION		Date	Social Security Number	
Name				
Last		First		Middle
Present Address				
Street		City	State	Zip
Date of Birth		Check One <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mo.		Day	Yr.	
Phone Number		Height	Weight	
State Name and Department of Any Relatives, Other Than Spouse, Already Employed By This Company				
Referred By				

EMPLOYMENT DESIRED		
Position: <input type="checkbox"/> Field Installation <input type="checkbox"/> Office	Date You Can Start	Hrly. Pay Desired
<input type="checkbox"/> Other _____		
Are You Employed Now?	If So, May We Inquire of Your Present Employer?	
Ever Applied to this Company Before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When	
Have You Ever Been Employed Here Before? <input type="checkbox"/> YES <input type="checkbox"/> NO	When	
Are You Available to Work? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		
Are You On Lay-Off and Subject to Recall? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Can You Travel Overnight If A Job Requires It? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do You Have Own Transportation to Get to Job Sites? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Elementary School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Vocational, Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

FORMER EMPLOYERS List Below Last Four Employers, Starting With Last One First				
Date Month and Year	Name and Address of Employer	Salary or Hourly Rate	Position	Reason for Leaving
1. From				
To				
2. From				
To				
3. From				
To				
4. From				
To				

REFERENCES: Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year			
Name	Address	Business	Years Acquainted
1			
2			
3			

PHYSICAL RECORD: Do you have any physical condition which may limit your ability to perform the job applied for?

In Case of Emergency, Notify

Name	Address	Phone No.
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*Please list on a separate sheet of paper and attach any special skill and/or qualifications acquired from employment or other experience. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

REFERENCES REMARKS: _____
INTERVIEWER REMARKS: _____

Neatness		Character	
Personality		Ability	