

506 E Happy Valley Street Cave City, KY 42127

Employment Application

Supplying All Your Power Needs

| PERSONAL INFORMATION | | | | Desired Salary | | | |
|---|---------------------|-------------|---------------------|----------------|-----------------|-------|--|
| PERSONAL INFORMATION | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Last Name | | First Name | | _ ; | Middle | | |
| | | | | | | | |
| ddress | | City | | : | State | Zip | |
| ome Phone: Cell Phone: | : | | Email address: | | | | |
| ocial Security Number: | | | | | | | |
| re you a U.S. Citizen? [] Yes [] No | | | | | | | |
| ave you ever been convicted of a felony? | [] Yes[] No | | | | | | |
| selected for employment are you willing to submit to a | pre-employment | drug scree | ning test? | [] Ye | s[]No | | |
| DUCATION | | | | | | | |
| DUCATION School Name | Location | | Years Attended | Degree F | Received | Major | |
| School Name | Location | | Tears Attended | Degree | Keceived | Major | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ther training, certifications or licenses held | : | | | | | | |
| MPLOYMENT | | | | | | | |
| | | | | | | | |
| mployer: | | | | Dates Empl | _ | | |
| ork Phone: | | Pay Rate: | \$ | | to _ | | |
| ddress: | | | | | | | |
| ity: | | | State: | | Zip:_ | | |
| osition: | | | | | | | |
| uties Performed: | | | | | | | |
| upervisors Name and Title: | | | | | | | |
| eason for leaving: | | | | | | | |
| ay we contact them? [] Yes [] No | | | | | | | |
| EFERENCES | | | | | | | |
| | Title | | Company | | Phone | | |
| Name | | 1 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Name | | | | | | | |
| Name | | | | | | | |
| | and complete to t | the best of | my knowledge. | | | | |
| Name cknowledgement and Authorization | | | | oe necessar | y in arriving a | ıt | |
| cknowledgement and Authorization I certify that all answers given herein are true and authorize investigation of all statements continued. | ained in this appli | ication for | employment as may t | | | | |

Signature of Applicant