



LINDSEY
WILSON
COLLEGE

EMPLOYMENT APPLICATION

210 Lindsey Wilson St.
Columbia, Kentucky 42728
Phone: (270) 384-8203
Fax: (270) 384-7373

Applicants are considered for employment without regard to race, color; sex, national origin, religion, age, marital or veteran status, or non-job related medical condition or disability.

An Equal Opportunity Employer

Please read acknowledgements, then complete application electronically or print and complete using blue or black ink.

PERSONAL INFORMATION

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Business Phone _____

Email Address _____ Social Security Number _____

Are you eligible to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No Date convicted _____

Do you have a valid driver's license? Yes No Driver's License Number _____

Do you have a commercial driver's license? Yes No

WORK PREFERENCES

Position(s) applying for _____ Date available for work _____

Type of employment desired? Full-time Part-time Temporary/Seasonal

Will you perform shift work? Yes No Minimum salary requirement _____

Can you travel, if job requires it? Yes No List any restrictions _____

Does anyone in your immediate family work here? Yes No

If yes, please list name(s), relationship(s). _____

EDUCATION

School and Location		Did you graduate?	Degree /Diploma
High School	#Years Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Technical	#Hours Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	#Hours Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Study	#Hours Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	#Hours Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list each license, certification and/or areas of specialized training you possess. Also list honors received, title of thesis, special research project(s), etc.

EMPLOYMENT HISTORY

Start with your present or most recent employer. Please include any job-related military service assignments and volunteer activities. Attach additional pages if more space is needed. You may attach a copy of your resume, but it may not be substituted for a complete and signed Employment Application Form.

Employer	Address	Telephone
Job Title	Supervisor Name & Title	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment (begin and end dates)	Rate of Pay	Reason for leaving

Summarize job responsibilities and duties performed.

Employer	Address	Telephone
Job Title	Supervisor Name & Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment (begin and end dates)	Rate of Pay	Reason for Leaving
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Summarize job responsibilities and duties performed.

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Summarize job responsibilities and duties performed.

Employer	Address	Telephone
Job Title	Supervisor Name & Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Employment (begin and end dates)	Rate of Pay	Reason for Leaving
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Summarize job responsibilities and duties performed.

SPECIAL CONSIDERATIONS

List any skills and/or abilities that you possess that will be helpful in doing the job applied for.

REFERENCES

Give name, address and daytime telephone number of three references who are NOT related to you and have knowledge of your experience and qualifications.

_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone

ADDITIONAL COMMENTS

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that this application is the property of the employing organization. This application must be signed and dated below before I will receive consideration for employment.

Signature of Applicant *(Please sign)*

Date