



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, using typewriter or ink.*

## PERSONAL INFORMATION

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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

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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.

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Employer Address Telephone

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Job Title Supervisor Name & Title May we contact?  Yes  No

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Dates of Employment (begin and end dates) Rate of Pay Reason for Leaving

Summarize job responsibilities and duties performed.

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Employer Address Telephone

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Job Title Supervisor Name & Title May we contact?  Yes  No

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Employer Address Telephone

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Job Title Supervisor Name & Title May we contact?  Yes  No

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Dates of Employment (begin and end dates) Rate of Pay Reason for Leaving

Summarize job responsibilities and duties performed.

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**SPECIAL CONSIDERATIONS**

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

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**REFERENCES**

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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	_____ E-Mail Address	_____ Phone
_____ Name	_____ E-Mail Address	_____ Phone
_____ Name	_____ E-Mail Address	_____ Phone

**ADDITIONAL COMMENTS**

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**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