

MEADE ACTIVITY CENTER
 493 Lawrence Street, Brandenburg, KY 40108



Employment Application

| APPLICANT INFORMATION | | | |
|---|---|--|--|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Cell Phone | Are you 18 years of age, or older? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Date Available | Social Security No. | Desired Salary | |
| Position Applied for | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If so, when? | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> NO <input type="checkbox"/> | If yes, explain | |
| What day(s) are you available for work? (check all that apply) | MON <input type="checkbox"/> | TUE <input type="checkbox"/> | WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/> |
| Can you work evenings? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

SPECIAL SKILLS

List all current special licenses, permits, certifications with level or credit hours. (CPR, Lifeguard, First Aid, etc.)

| Type | Level | Expiration Date |
|------|-------|-----------------|
| | | |
| | | |

List equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying.

| Skill | Level of ability: Basic, Intermediate or Advanced |
|-------|---|
| | |
| | |

EDUCATION

| | | | |
|-------------|----|--|--------|
| High School | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Other | | Address | |
| From | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

REFERENCES

Please list three professional or personal references.

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |
| Full Name | Relationship |
| Company | Phone () |
| Address | |

PREVIOUS EMPLOYMENT

| | | |
|--|--------------------|--------------------|
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | Phone () | |
| Address | Supervisor | |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

Supplement to Application

| Name | <i>(Last)</i> | <i>(First)</i> | <i>(Middle Initial)</i> | Date |
|---|---------------|----------------|-------------------------|------|
| Why do you want to work at Meade Activity Center? | | | | |
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