MEADE ACTIVITY CENTER

493 Lawrence Street, Brandenburg, KY 40108





APPLICANT INFORMATION								
Last Name				M.I.	Date			
Street Address				Apartment/l	Apartment/Unit #			
City				ZIP	ZIP			
Phone			E-mail Address					
Cell Phone			18 years of age, or older?	YES 🗌 🛛	YES NO			
Date Available	Social Secu	ial Security No. De			sired Salary			
Position Applied for								
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO								
Have you ever worked for this company?	e you ever worked for this company? YES 🗌 NO 🗌 If so, when?							
Have you ever been convicted of a felony?	YES NO		If yes, explain					
What day(s) are you available for work? (check all that apply)	Mon 🗌 TUE 🗌 WED 🗌 THU 🗌 FRI 🗌 SAT 🗌 SUN 🗌							
Can you work evenings?	YES NO							
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, Intermedia	ate or Advanced			

EDUCATION						
High School		Address				
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree	
College			Address			
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree	
Other			Address			
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree	

REFERENCES								
Please list three professional or personal references.								
Full Name				Relationship				
Company				Phone	()		
Address								
Full Name				Relation	ship			
Company				Phone ()				
Address								
Full Name				Relationship				
Company				Phone	Phone ()			
Address								
PREVIOUS EM	PLOYMENT							
Company				Phone	()	
Address				Supervis	Supervisor			
Job Title			Starting Salary	\$			Ending Salary \$	
Responsibilities			Starting Statery	Ψ				
From	То	Reason for Leaving]					
May we contact yo	our previous super	visor for a reference?	YES 🗌	NO 🗌				
Company				Phone ()				
Address				Supervisor				
Job Title	ob Title Starting Salary			\$			Ending Salary \$	
Responsibilities								
From	To Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO								
Company				Phone ()				
Address				Supervis	Supervisor			
Job Title Starting Salary			\$			Ending Salary \$		
Responsibilities								
From	То	Reason for Leaving						
May we contact your previous supervisor for a reference? YES NO								

MILITARY SERVICE						
Branch	From To					
Rank at Discharge	Type of Discharge					
If other than honorable, explain						

DISCLAIMER AND SIGNATURE

I certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the MAC. I authorize the schools, persons, previous employers, agencies and other organizations named in this application to provide the MAC with any relevant information that may be required to arrive at an employment decision and herby release any such school, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the MAC. If, in the event I choose to voluntarily terminate my employment, I am fee to do so at any time, and if I choose to give proper notice of termination, the MAC may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the MAC, my compensation hours of employment and all other terms and conditions of employment are subject to modification or change by the MAC's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered a sufficient cause for my dismissal without advance notice.

In the event of my employment, I will comply with all rules and regulations as set forth in the MAC's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with such policies.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and/or drug screening, if one is requested, to be given by a physician or register nurse selected by the MAC .

I have read the above statement and accept the same as a condition of my employment with MAC.

Signature

Date

MAC Official Use

AC Official Use

Supplement to Application

Name	(Last)	(First)	(Middle Initial)	Date
Why do you want to wo	ork at Meade Activity Center?			
How would you describe	e yourself?			
What other business or	personal experiences or trainings h	nave you had that may have	prepared you for this position?	
Describe non-employme	ent activities you have been engage	ed in that might strengthen y	you application.	
List any sports or hobbi	es in which you have participated (past and/or present):		