

EMPLOYMENT APPLICATION



LEXINGTON CENTER CORPORATION
430 West Vine Street
Lexington, Kentucky 40507

DATE

The Lexington Center Corporation is an *Equal Opportunity Employer* and encourages applications from all individuals. It does not discriminate in employment on the basis of race, religion, national/ethnic origin, sex orientation, pregnancy, disability, or history of disability or any other criterion as specified by current Federal and/or State law. *Applications remain active for 90 days.*

Position Applied For: _____ () Full-Time

() Part-Time

() Seasonal

Referred By:

- Newspaper Friend
- Relative Walk-In
- WEB Site Other

Salary Required: _____ Date Available To Start Work: _____

Name of Employee/Person That Referred You? _____

Are You Available To Work **Weekends?** Yes No **Nights?** Yes No **Overtime?** Yes No

Check The Days Of The Week And Times That You Are Available To Work?

<u>Dates</u>	<u>Times</u>	<u>Dates</u>	<u>Times</u>
() Can Work Any Days and Any Hours Require		() Wednesday	_____
() Sunday	_____	() Thursday	_____
() Monday	_____	() Friday	_____
() Tuesday	_____	() Saturday	_____

Have you ever been employed by the Lexington Center? Yes No Department: _____

Do you have relatives employed by Lexington Center? Yes No Name: _____

Have you ever been convicted of a felony? Yes No If yes, please explain offense and final disposition:

(Conviction will not necessarily disqualify an applicant from consideration for employment.)

Are you a U.S. citizen? Yes No If no, are you legally eligible to work in the United States? Yes No

List type VISA and Number: _____ Expires: _____

Military Service: Yes No Military Reserve: Yes No Branch _____

Military Training/Skills applicable to job for which you have applied: _____

PERSONAL REFERENCES

(Name persons willing to provide personal and/or character references. Do not list relatives.)

<i>NAME OF REFERENCE</i>	<i>ADDRESS</i>	<i>PHONE NUMBER</i>
	City State Zip	
	City State Zip	

I understand that providing false or misleading information on this employment application or any related employment document, will be sufficient grounds for disqualification of my application, or immediate termination of my employment if hired. I also understand that if hired, my employment can be terminated at will, with or without cause, or notice; at my option, or the option of the employer. I also understand that no employee or representative of the company has the authority to enter into any type of employment agreement or contract other than the President or President's designated representative. In consideration for employment, I give the company permission to have my work history, references and former employers verified with no liability arising therefrom. I also agree to a pre-employment applicant drug/alcohol test; and I authorize and agree to a criminal background and motor vehicle driving record check.

Signature of Applicant _____ Date _____

LAST NAME:	ADDRESS:	CITY:	STATE:	ZIP CODE:	FIRST NAME:	MI:
SOCIAL SECURITY NUMBER:						
COUNTY:						

SKILLS, TRAINING, CERTIFICATIONS, LICENSES, MEMBERSHIPS:

List any skills, special training and qualifications that you possess that pertain to the position for which you have applied. Include (OJT) job related training, computer skills, certifications, licenses, professional memberships and/or associations.	
	TYPING and/or COMPUTER KEYBOARDING SPEED: _____ (WPM)
	CAN USE CALCULATOR AND ADDING MACHINE <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATIONAL DATA:

HIGH SCHOOL	NAME:	CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12	DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS: CITY: STATE:		
TECHNICAL OR BUSINESS SCHOOL	NAME:	CIRCLE NUMBER OF YEARS COMPLETED 1 2 3 4	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS: CITY: STATE:	CREDIT HRS. COMPLETED _____	MAJOR SUBJECT: _____ DEGREE: _____
COLLEGE/ UNIVERSITY	NAME:		GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS: CITY: STATE:		MAJOR SUBJECT: _____ DEGREE: _____
GRADUATE SCHOOL	NAME:		POSTGRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS: CITY: STATE:		DEGREE: _____

EMPLOYMENT RECORD

(List Your Current Or Most Recent Employer First. Please Include Volunteer Work)

COMPANY:	TYPE OF BUSINESS:	SUPERVISOR'S NAME & TITLE:		
ADDRESS: (City/State)		MAY WE CONTACT THIS EMPLOYER FOR AN EMPLOYMENT REFERENCE AND VERIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE MONTH _____ YEAR _____	ENDING DATE MONTH _____ YEAR _____
HOURS WORKED PER WEEK _____				
DESCRIBE JOB DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING JOB:				

COMPANY:	TYPE OF BUSINESS:	SUPERVISOR'S NAME & TITLE:		
ADDRESS: (City/State)		MAY WE CONTACT THIS EMPLOYER FOR AN EMPLOYMENT REFERENCE AND VERIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE MONTH _____ YEAR _____	ENDING DATE MONTH _____ YEAR _____
HOURS WORKED PER WEEK _____				
DESCRIBE JOB DUTIES AND RESPONSIBILITIES:				
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ADDRESS: (City/State)		MAY WE CONTACT THIS EMPLOYER FOR AN EMPLOYMENT REFERENCE AND VERIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE MONTH _____ YEAR _____	ENDING DATE MONTH _____ YEAR _____
			MONTH _____ YEAR _____	HOURS WORKED PER WEEK _____
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ADDRESS: (City/State)		MAY WE CONTACT THIS EMPLOYER FOR AN EMPLOYMENT REFERENCE AND VERIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE MONTH _____ YEAR _____	ENDING DATE MONTH _____ YEAR _____
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ADDRESS: (City/State)		MAY WE CONTACT THIS EMPLOYER FOR AN EMPLOYMENT REFERENCE AND VERIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION HELD:	STARTING SALARY:	ENDING SALARY:	STARTING DATE MONTH _____ YEAR _____	ENDING DATE MONTH _____ YEAR _____
			MONTH _____ YEAR _____	HOURS WORKED PER WEEK _____
DESCRIBE JOB DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING JOB:				

ADDITIONAL INFORMATION ABOUT YOUR WORK HISTORY AND/OR JOB SKILLS:

Lexington Center Corporation

Notification To All Job Applicants Regarding Mandatory Drug Screening Test

As a condition of employment with the Lexington Center Company, all job applicants considered for regular full-time, and selected part-time employment are required to take and successfully pass a drug test. All offers of employment are contingent upon successful completion of this test. Applicants are required to sign the **Applicant Agreement** below, authorizing the Lexington Center Corporation to schedule and have its designated laboratory perform the drug screening test. Applicants who refuse to sign the Agreement or who subsequently test positive for drug use will not be considered for employment. All subsequent drug tests taken to re-verify and/or re-confirm the accuracy/correctness of the initial test shall be paid at the expense of the job applicant.

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JOB APPLICANT AGREEMENT

In consideration for employment with the Lexington Center Corporation, I agree to voluntarily supply a specimen of my urine for analysis. *If I fail to report for my drug test as scheduled, refuse to provide the required specimen for analysis, fail to pass the pre-employment drug screening test e.g., my urine specimen is positive for controlled substances, my urine specimen shows evidence of adulteration or substitution, or I refuse to sign this agreement, I understand that I will be disqualified from any further consideration for employment.* I understand that any offer of employment is contingent upon the successful completion of my initial drug test, to be scheduled and paid for by the company.

I acknowledge that I have read and understand the Company's requirement regarding Applicant Drug Screening.

Applicant's Signature _____ Date _____

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“Lexington Center Corporation Is Committed To Maintaining A Drug Free Workplace”