

Application for Employment

We are an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, disability, sexual orientation, marital or veteran status, national origin or genetic information.

If you have questions regarding this application, please contact our corporate office at (812) 285-5400 for assistance.

Personal Information

Last Name: _____ First Name: _____ Middle: _____

Current Address: _____ City: _____ State: _____ ZIP: _____

Previous Address: _____ City: _____ State: _____ ZIP: _____

Are you authorized to work in the U.S.? Yes No Social Security Number: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Have you ever been convicted of a crime? * Yes No

If yes, please provide details, including relevant dates: _____

* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense, and the job for which you are applying, for job-related purposes only, and only to the extent permitted by applicable law.

Have you ever used names or Social Security Numbers other than those listed above? Yes No

If yes, please provide a detailed listing: _____

Education

High School	City and State	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical School	City and State	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree or Certification
College or University	City and State	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

Please list any current professional certifications, special skills, and abilities applicable to the desired position: _____

Military Experience

Have you ever served in the United States military? Yes No

Branch: _____ Occupational Specialty _____ Date of Discharge: _____

Rank at Discharge: _____ Discharge Type: _____

Applicable Training and Education: _____

Employment History

Please list at least 10 years of employment history, in chronological order, starting with the most recent.

Employer Name:	Position or Title:
Employer Phone Number:	Employer Address:
Primary Duties and Responsibilities:	
Dates Employed: From:	To: Supervisor Name:
Base Salary: per	Reason for Leaving:
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer Name:	Position or Title:
Employer Phone Number:	Employer Address:
Primary Duties and Responsibilities:	
Dates Employed: From:	To: Supervisor Name:
Base Salary: per	Reason for Leaving:
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Employer Name:	Position or Title:
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Dates Employed: From:	To: Supervisor Name:
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May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If additional space is needed, please attach another sheet of paper or a copy of your prepared résumé.

Desired Position

Which position are you applying for? _____ If offered, what date can you start? _____

How did you hear about this position? _____

Which of the following are you able to work? (Check all that apply) **

Days
 Nights
 Weekends
 Holidays
 Overtime

** If required for the position for which you are applying. Please request a copy of the appropriate job description to determine applicability.

Have you received and reviewed a job description or had the job requirements explained to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you understand and accept the job description and requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you perform these job requirements with or without reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit to pre-employment and subsequent random drug screenings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to submit to pre-employment and subsequent job-related medical reviews?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE ANSWER THE FOLLOWING IF THE DESIRED POSITION WILL REQUIRE YOU TO OPERATE A MOTOR VEHICLE

Do you have a valid drivers license, in good standing, issued by the state in which you reside? Yes No

License Number: _____ Type of License: _____ Issuing State: _____

Have you been convicted of any moving violations within the last seven years? Yes No

If yes, please list dates and details: _____

Have you ever been convicted of driving under the influence of drugs or alcohol, or of reckless driving? Yes No

If yes, please list dates and details: _____

References

Please list non-family references who can speak for your work experience, skills and abilities, and work ethic.

Name: _____ Address: _____ Phone: _____ Years Known: _____

Name: _____ Address: _____ Phone: _____ Years Known: _____

Name: _____ Address: _____ Phone: _____ Years Known: _____

Authorizations and Acknowledgements

Please READ CAREFULLY and sign.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for disciplinary action, up to and including termination of employment.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that the company may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, or credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, or mode of living. By signing below, I authorize the company to obtain such a report.

I understand and agree that I may be asked to submit to pre-employment tests (including a drug test) upon a conditional offer of employment, along with subsequent screenings, random or otherwise.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice. I understand that nothing in this application constitutes an employment contract, and that employment is at will.

If employed, I agree to abide by all company policies and procedures.

Signature: _____ Date: _____

Printed Name: _____

Best-One Kentuckiana

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