



APPLICATION FOR EMPLOYMENT*

Name _____

Date _____

Position Applied For _____

*Please let us know if you need any assistance in completing this form.

150 Corporate Drive; Danville, KY 40422
Phone: 859-236-8413; Fax: 859-238-7115

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
CURRENT ADDRESS	CITY AND STATE	ZIP CODE
PREVIOUS ADDRESS	CITY AND STATE	ZIP CODE
PHONE NUMBER	EMERGENCY NUMBER	SOCIAL SECURITY NUMBER
TODAY'S DATE	DATE AVAILABLE TO WORK	SLARY REQUIRED
POSITION(S) APPLYING FOR		

Have you applied here in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date _____
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date _____
Do any of your friends or relatives other than your spouse work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide name _____
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where at _____ If no, explain _____
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Have you ever been bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever refused to be bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, license number _____
Do you have a CDL license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, class and code _____
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If under age 18, please indicate date of birth		Mo. _____ Day _____ Yr _____
How were you referred to us for employment?		

TYPE OF EMPLOYMENT

Full-Time _____	Part-Time _____	Temporary _____
Days Preferred - Monday Tuesday Wednesday Thursday Friday		Hours _____

EDUCATION

School	Name and Address of School	Years Completed	Diploma or GED	Courses of Study
High School				
College				
Other				

Describe any specialized training, apprenticeship, skill, volunteer experience, activities, etc. (You do not need to include information which may indicate race, religion, national origin, sex, age or disability)

US Military Record

Date Entered: _____ Date Discharged: _____ Rank at Discharge _____

WORK EXPERIENCE (Start with your present or last job)

Employer	Dates Employed	Salary
	Month Day Year TO Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Starting _____ Last Salary _____
Address	List All Duties Performed	
Phone Number		
Job Title		
Name and Title of Supervisor		
Reason for Leaving		

WORK EXPERIENCE cont..... (Start with your present or last job)

Employer	Dates Employed Month Day Year TO Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Salary Starting _____ Last Salary _____
Address	List All Duties Performed	
Phone Number		
Job Title		
Name and Title of Supervisor		
Reason for Leaving		

Employer	Dates Employed Month Day Year TO Month Day Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Salary Starting _____ Last Salary _____
Address	List All Duties Performed	
Phone Number		
Job Title		
Name and Title of Supervisor		
Reason for Leaving		

REFERENCES (not related to you and who are not previous employers)

Name	Address	Phone Number	Occupation	Years Known

Have you ever pled guilty of a misdemeanor or felony? (other than a traffic violation)	Yes _____ No _____	If Yes, please give: Date _____ Location _____
--	--------------------	--

Are you able to perform the tasks of the position(s) for which you are applying? If, you require special accommodations please list below:	With Accommodations	With Out Accommodations

APPLICANT'S STATEMENT

I certify that answers given here are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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.

Signature of Applicant

Date

Hiring priority can be given to applicants with a diagnosed disability under the Ability One Program. Applicants must be willing to provide medical information to Pioneer Vocational Industrial Services in order to make a hiring decision. This information will require updating at least annually. Continued employment may be contingent upon follow-up results. All information will be kept in the strictest confidence.

Question	Yes	No
Do you feel you have a disability?		
Are you currently under the care of a medical provider?		
Are you currently under the care of a mental health provider?		
Are you taking any prescription medications?		
Do you have a ticket to work from Social Security?		
Are you willing to sign a release form in order for Pioneer to obtain needed documentation of a disability?		

Please list any current prescription medications

Name	Prescribed For

What reasonable accommodations may be necessary in order for you to perform your job? (for example, modified work schedule or equipment, interpreter, special training, etc.)

Signature

Date