

PO Box 798 Jackson, Ky. 41339

Phone: 606-693-0994 Fax: 606-693-0959

Lifetime Potentials, Inc.
Pre-Employment Application

PLEASE PRINT

Date _____

Last Name First Middle S.S. #

Phone Address City State Zip

How Did You Hear About Us?
Friend _____ Family _____
WebSite _____
Advertisement _____
Employment Agency _____
Inquiry _____
Other _____

Have you lived and worked in the state of Kentucky consistently for the past year? Yes ___ No ___
Are you at least 18 years of age? Yes ___ No ___
Have you ever filed an application with us before? Yes ___ No ___
If Yes, give date _____
Have you ever been employed with us before? Yes ___ No ___
Do any of your friends, relatives, or spouse work here? Yes ___ No ___
If Yes, name: _____
Are you currently employed? Yes ___ No ___
Have you ever been convicted or plead guilty to any criminal violation of felony law? Yes ___ No ___
If Yes, explain _____
Are you a U.S. Citizen or do you hold a permanent residence visa? Yes ___ No ___
When is the best time to contact you at home? _____ AM/PM

What position are you applying for? _____
Date available for work ____/____/____
Desired wage _____
Are you available to work:
Full Time _____ (Indicate: Mon-Thur Thur-Sat Sat-Mon)
Part Time _____ (Indicate: Morning Afternoons Evenings)
Temporary _____ (Indicate dates available: ____/____-____/____)
Can you travel and/or transport others if a job requires it? Yes ___ No ___
Can you provide you own means of transportation with proof of insurance? Yes ___ No ___

EDUCATION

School	Name and address of school	Course of study	Years completed	Diploma/ Degree
High School				
GED				
Undergraduate College				
Graduate/Professional				
Other (Specify				

EMPLOYMENT HISTORY

Company Name _____ Supervisor _____ Last Position _____
Address _____ Telephone _____

— Responsibilities _____

— Dates of employment _____ Reason for leaving _____

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Address _____ Telephone _____

— Responsibilities _____

— Dates of employment _____ Reason for leaving _____

NOTE: Please include an explanation of any gaps in employment

Describe any additional qualifications you possess.

Describe any related trainings you have that might pertain to this job.

List any and all specialized skills.

REFERENCES (Do not include family members or past supervisors)

Name	Address	Phone Number	Occupation
1.			
2.			
3.			
4.			

Is there anything we should know regarding your capability of performing duties? Yes ___ No ___

If Yes, please explain:

APPLICANTS STATEMENT

I certify that any answers given herein are true and complete.

I authorize Lifetime Potentials, Inc. to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information in my application or interview(s) may result in discharge. I understand, also, that I am required to abide all rules and regulations of the employer.

Signature of Applicant

Date