



## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Pieratt's Inc.  
110 Mt Tabor Rd.  
Lexington, KY 40517

Pieratt's Inc. is an Equal Opportunity Employer

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with this company. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. You may request assistance to complete this application.*

## PERSONAL

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
First M.I. Last

Street \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ Email Address \_\_\_\_\_

If younger than 18, state age here \_\_\_\_\_ Are you legally entitled to work in the United States?\*\* ☐ yes ☐ no

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation? ☐ yes ☐ no If yes, list all here \_\_\_\_\_

Have your driving privileges ever been revoked or suspended? ☐ yes ☐ no If yes, list all here \_\_\_\_\_

Do you have a Commercial driving license? ☐ yes ☐ no

**\*\*Compliance with I-9 requirements is mandatory, upon employment**

## EDUCATION

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_

Other Education \_\_\_\_\_

Awards, Honors, Leadership Roles: \_\_\_\_\_

## MILITARY not applicable

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable: \_\_\_\_\_

## GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: lathe, grinder, forklift, typewriter, adding machine, computers, calculators, etc.): \_\_\_\_\_

2. Were you previously employed by this company? \_\_\_\_\_ If yes, when \_\_\_\_\_ to \_\_\_\_\_

3. Are you willing to relocate? \_\_\_\_\_ If yes, state location preferred \_\_\_\_\_

4. Salary Expected \_\_\_\_\_ hour \_\_\_\_\_ or week \_\_\_\_\_ Number of hours you are available per week? \_\_\_\_\_ ☐ No preference

5. Type of Employment sought: ☐ regular full time ☐ regular part time ☐ temporary ☐ seasonal ☐ as needed

6. Which of these times are you available: Days: ☐ yes ☐ no      Nights: ☐ yes ☐ no  
Weekends: ☐ yes ☐ no      Holidays: ☐ yes ☐ no
7. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)
- |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday                           | Tuesday                          | Wednesday                        | Thursday                         | Friday                           | Saturday                         | Sunday                           |
| _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
8. List names of relatives currently in the employ of this company: \_\_\_\_\_  
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## EXPERIENCE

List below all present and past employment, beginning with your most recent employer

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_
  2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_
  3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_
  4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_
- .....

In the following space, please describe briefly why you are applying for this position:

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#### CONDITIONS OF EMPLOYMENT

To Applicant: Read this Information carefully and sign below.

***"This company does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability."***

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either this company or me. I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- V. I understand that I may be required to submit to a pre-employment and post-employment test for fitness, honesty, and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize this company to withhold from my final pay check any monies owed to them by me.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**INSTRUCTIONS TO APPLICANT: COMPLETE ONLY THE SECTION(S) MARKED**

☐ **AUTHORIZATION FOR CRIMINAL RECORD CHECK**

I am being considered for employment. I authorize their employer representative to conduct a criminal record check. My signature below is a request to any local, state, or federal law enforcement agency to release whatever information is requested by the employer representative.

Signature \_\_\_\_\_

PRINT

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

STREET/ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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☐ **AUTHORIZATION FOR FINANCIAL RECORD CHECK**

I understand that as a routine part of the selection process the employer will make an inquiry of a credit bureau to determine if I have a financial disability.

Sign Here \_\_\_\_\_

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☐ **AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK**

Please list below two business references who can attest to your skills, knowledge and experience, that will contribute to your success in the position for which you are applying.

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE( ) \_\_\_\_\_ TELEPHONE( ) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_