

# EMPLOYMENT APPLICATION



LEXINGTON CENTER CORPORATION  
430 WEST VINE STREET  
LEXINGTON, KY 40507  
FAX: 859-253-2718

[HRDEPT@LEXINGTONCENTER.COM](mailto:HRDEPT@LEXINGTONCENTER.COM)

ONLINE AT: [HTTP://WWW.LEXINGTONCENTER.COM/ABOUT-LEXINGTON-CENTER/EMPLOYMENT](http://WWW.LEXINGTONCENTER.COM/ABOUT-LEXINGTON-CENTER/EMPLOYMENT)

LCC 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 or expression, pregnancy, disability, or history of disability, or any other criterion as specified by current Federal and/or State laws. **All applications will remain active for 90 days.**

## Personal Information

Name

Address		City	State	Zip
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Phone Number	Mobile Number	Email Address
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Have you ever been employed by the Lexington Center? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you learn about opening? Name of employee that referred you?
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## Position

Position(s) of interest:	Available start date	Employment Desired: FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>
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## Education (High School / College)

School Name	Location	Years Attended	Degree Received	Major

## References

Name and Company	Personal or Professional Reference?	Email if known	Phone

## Availability (Select days, list times)

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  **Can work any days/times**

## Job Related Skills, Training and Additional Information:

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## Employment History (most recent or current first)

<b>Employer (1)</b>	Work Phone	Supervisor	Dates Employed (Month/Year) From                      To	
Address	City		State/ ZIP	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job duties:	Job Title:	Ending Pay Rate:	Reason for Leaving:	
<b>Employer (2)</b>	Work Phone	Supervisor	Dates Employed (Month/Year) From                      To	
Address	City		State/ ZIP	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job duties:	Job Title:	Ending Pay Rate:	Reason for Leaving:	
<b>Employer (3)</b>	Work Phone	Supervisor	Dates Employed (Month/Year) From                      To	
Address	City		State/ ZIP	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job duties:	Job Title:	Ending Pay Rate:	Reason for Leaving:	
<b>Employer (4)</b>	Work Phone	Supervisor	Dates Employed (Month/Year) From                      To	
Address	City		State/ ZIP	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job duties:	Job Title:	Ending Pay Rate:	Reason for Leaving:	

## Additional Information

Please provide details on any extended gaps in employment (3 months or longer):

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.

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 at the option of the Lexington Center.

In consideration for employment, I give the company permission to have my work history, references and former employers verified with no liability arising therefrom.

Name (Please Print)	Signature
Date	