

# APPLICATION FOR EMPLOYMENT

1551 East John Rowan Boulevard  
Bardstown, KY 40004  
Phone: (502) 348-3953



PO Box 669  
Bardstown, KY 40004  
Fax: (502) 348-0440

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_ DESIRED POSITION \_\_\_\_\_

Do you have a valid driver's license? YES  NO  Driver's License Number \_\_\_\_\_  
Do you have a valid CDL, CDL permit, or any additional endorsements? YES  NO   
CDL Number \_\_\_\_\_ List any additional endorsements. \_\_\_\_\_  
Do you have any traffic violations in the last 5 years? YES  NO   
If yes, please explain. \_\_\_\_\_  
Have you ever been convicted of a felony, misdemeanor, or criminal violation? YES  NO   
If yes, please explain. \_\_\_\_\_  
Do you consent to a criminal background check? YES  NO

## EDUCATION & TRAINING

High School \_\_\_ years | College \_\_\_ years | Military \_\_\_ years Branch/MOS \_\_\_\_\_  
Vocational School \_\_\_ years Type of Vocational School, if applicable \_\_\_\_\_

## EMPLOYMENT RECORD List most recent job first.

Company \_\_\_\_\_ Dates Employed Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Position(s) \_\_\_\_\_  
Pay Rate \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Company \_\_\_\_\_ Dates Employed Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Position(s) \_\_\_\_\_  
Pay Rate \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Company \_\_\_\_\_ Dates Employed Start \_\_\_\_\_ End \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_ Position(s) \_\_\_\_\_  
Pay Rate \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

## PERSONAL REFERENCES Do not list former employers or relatives.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Did a current MAGO employee refer you to this job? YES  NO  If so, please list name. \_\_\_\_\_

The information supplied on this application is true, correct, and complete, and I hereby give MAGO permission to verify this information. Any omission on this application may result in my dismissal. I understand that acceptance of offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

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