

SITECH Mid-South, LLC
4415 Poplar Level Road
Louisville, KY 40213
502-459-1900



EMPLOYMENT APPLICATION

PERSONAL (PLEASE PRINT)

FULL NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
STREET ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NO. ()		ALTERNATE TELEPHONE NO. ()		IS YOUR AGE UNDER 18? YES <input type="checkbox"/> NO <input type="checkbox"/>
E-MAIL ADDRESS			OPTIONAL: DATE OF BIRTH	DO YOU SMOKE?
HOW WERE YOU REFERRED TO OUR ORGANIZATION?				
PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE DESIRED JOB.				

EMPLOYMENT INTERESTS

TYPE OF EMPLOYMENT DESIRED		SHIFT PREFERRED			SALARY DESIRED	CAN YOU WORK OVERTIME?		
REGULAR <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	SUMMER <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
JOB PREFERRED			INDICATE YEARS OF EXPERIENCE IN THIS WORK			DATE AVAILABLE FOR WORK		
1ST								
2ND								
DESCRIBE SPECIALIZED SKILLS								

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY	GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
NAME AND LOCATION OF HIGH SCHOOL																				
NAME & LOCATION OF COLLEGE, TRADE OR BUSINESS SCHOOL					MAJOR					FIELDS OF STUDY					MINOR			GRADUATION DEGREE OR CERTIFICATE RECEIVED		

MILITARY

BRANCH OF U.S. MILITARY SERVICE	FROM (MONTH / YEAR)	TO (MONTH / YEAR)	RANK ON ENTRY	RANK ON DISCHARGE
RESPONSIBILITIES				
DESCRIBE SPECIALIZED TRAINING YOU RECEIVED				

PLEASE TURN OVER

EXPERIENCE

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and services with U.S. Armed Forces.

DATE	EMPLOYMENT	1 = JOB TITLE 2 = DEPARTMENT 3 = SUPERVISOR	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	
From: Month/Date	Present or Last Employer	1		STARTING	
	Street Address	2		\$ per	
To: Month/Date	City Phone	3		FINAL	

ADDITIONAL INFORMATION

May we call your present employer? Yes No

Have you ever been convicted of a felony? Yes No
If yes, where, when and what was the disposition of the case?

Note: Conviction is not necessarily a disqualification.

Can you provide verification of your right to work in the U.S.A.? Yes No

Applicant may use this space for additional comments:

CERTIFICATION & ACKNOWLEDGEMENT

1. Truthful application. I certify that all of the information provided in this application is true, and that I have not knowingly withheld any facts that might affect the company's decision to employ me. I am aware that any misrepresentation or omission on this application shall be sufficient cause for termination of employment.

2. Consent to employment verification. I agree that SITECH Mid-South, LLC may obtain additional information on me from my former employers and educational institutions. I hereby release from all liability any person or organization furnishing such information.

3. Terms of employment. In consideration of my employment, I agree to conform to the Company's policies, rules and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or the Company's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies, unless it is modified by a specific, express written employment contract which is signed by the President of the Company and me.

Please read the above statement and sign to indicate your agreement.

SIGNATURE _____

DATE _____