

**THE HAYDEN COMPANY, INC.**

**208 South Main Street**

**Nicholasville, KY 40356**

**APPLICATION FOR EMPLOYMENT**

The Hayden Company, Inc. is an equal opportunity employer and does not discriminate against applicant or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years and over). In addition, The Hayden Company, Inc. does not discriminate against qualified individuals with disabilities.

NOTE: If you require more space than provided, please attach separate sheet(s).

**PERSONAL**

NAME			TODAY'S DATE	
STREET		CITY		
STATE	ZIP	SOCIAL SECURITY NUMBER		
Home phone		Best time to call		
Business Phone		Best time to call		
Do you have a valid driver's license?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	DRIVERS LICENSE NUMBER
Have you ever been convicted of a felony?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:				Applying for: full time <input type="checkbox"/> part time <input type="checkbox"/> temporary <input type="checkbox"/>

**EDUCATION**

Name & Location	Graduated		Major	Degree
	yes	No		
High School _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
College _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**SPECIAL SKILLS OR TRAINING**

(that may qualify you for work with our company)


**EMPLOYMENT**

FROM	TO	EMPLOYER	PHONE ( )	CITY, STATE
JOB TITLE		DUTIES:		
SUPERVISOR'S NAME:				
STARTING SALARY/WAGES:		\$ _____	FINAL SALARY/WAGES	\$ _____
REASON FOR LEAVING:				

FROM	TO	EMPLOYER	PHONE ( )	CITY, STATE
JOB TITLE		DUTIES:		
SUPERVISOR'S NAME:				
STARTING SALARY/WAGES:		\$ _____	FINAL SALARY/WAGES	\$ _____
REASON FOR LEAVING:				

## EMPLOYMENT

FROM	TO	EMPLOYER	PHONE ( )	CITY, STATE
JOB TITLE		DUTIES:		
SUPERVISOR'S NAME:				
STARTING SALARY/WAGES: \$		FINAL SALARY/WAGES: \$		
REASON FOR LEAVING:				

## SPORTS ACTIVITIES - Past & Present


## U.S. MILITARY RECORD

BRANCH OF SERVICE	FROM	TO	DUTIES	DISCHARGE DATE

## REFERENCES

NAME	ADDRESS	YEARS KNOW

## APPLICANT'S STATEMENT

I certify that all facts contained in the application are true and complete and acknowledge that the Hayden Company is relying on the accuracy of the information provided. I authorize the Hayden Company to verify the accuracy of the information provided herein, and I authorize former employers, educational institutions and credit agencies to release information concerning me to The Hayden Company. I also authorize The Hayden Company to give references and provide information about me in response to any inquires subsequent to my employment if hired. I understand that a falsification; misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that if hired, my employment will be for no definite period and may, regardless of the date of payment of wages be terminated at any time without previous notice and with or without reason, at the will of either myself or The Hayden Company. I also understand and agree that no one has authority to promise any job security or continued employment, except the CEO(s) of the Company in a formal written agreement signed by both of us.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

## PERSONNEL ACTION

REMARKS: