

Employment Application



Lexington Center Corporation
430 West Vine Street
Lexington, KY 40507
Fax: 859-253-2718
HRDept@lexingtoncenter.com

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
Phone Number	Mobile Number	Email Address		
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?		

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)

Can work any days/times <input type="checkbox"/>						
Sunday <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>

Job Related Skills, Training and Additional Information:

Employment History (most recent or current first)

Employer (1)	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:	
Employer (2)	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:	
Employer (3)	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:	
Employer (4)	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	

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