



WINCHESTER
(859)744-0400
845 BYPASS ROAD
WINCHESTER, KY 40391

RICHMOND
(859)625-0409
5099 ATWOOD DRIVE
RICHMOND, KY 40475

GEORGETOWN
(502)863-5600
115 ETTER LANE
GEORGETOWN, KY 40324

LEXINGTON
(859)407-5969
1700 EASTLAND PKWY
LEXINGTON, KY 40505

ELIZABETHTOWN
(270)737-1100
2688 LEITCHFIELD ROAD
ELIZABETHTOWN, KY 42701

PLEASE PRINT CLEARLY

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____

ADDRESS _____ NAME PREFER TO BE CALLED _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER _____

EMAIL: _____ RESUME ATTACHED ? YES _____ NO _____

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____

DATE AVAILABLE TO WORK _____

IF YOU ARE UNDER 18, AND IT IS REQUIRED, CAN YOU FURNISH A WORK PERMIT? YES _____ NO _____

IF NO, PLEASE EXPLAIN _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED WITH BYPASS RENTAL CENTERS/BYPASS PORTABLES ? YES _____ NO _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY ? YES _____ NO _____

ARE YOU ABLE TO MEET ATTENDANCE REQUIREMENTS FOR THE POSITION ? YES _____ NO _____

EMPLOYMENT DESIRED: FULL TIME _____ PART TIME _____ TEMPORARY _____ SEASONAL _____ EDUCATIONAL/CO-OP _____

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 7 YEARS ? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A FELONY ? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

SKILLS AND QUALIFICATIONS — SUMMARIZE ANY SKILLS, LICENSE AND/OR CERTIFICATES THAT MAY QUALIFY YOU TO PERFORM JOB-RELATED FUNCTIONS IN THE POSITION FOR WHICH YOU ARE APPLYING

RECORD OF EDUCATION

HIGH SCHOOL _____ CITY/STATE _____

GRADUATE ? YES _____ NO _____ GED ? YES _____ NO _____

COLLEGE _____ CITY/STATE _____

GRADUATE ? YES _____ NO _____ YEARS COMPLETED _____ DEGREE _____

OTHER SCHOOLING _____ CITY/STATE _____

GRADUATE ? YES _____ NO _____ YEARS COMPLETED _____ DEGREE _____

PERSONAL REFERENCES — NOT FORMER EMPLOYER OR RELATIVE

NAME	PHONE	YEARS KNOWN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



WORK EXPERIENCE LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH THE MOST RECENT

1. EMPLOYER _____ FROM _____ TO _____
 ADDRESS _____ JOB TITLE _____
 CITY _____ STATE _____ ZIP CODE _____
 SUPERVISOR NAME _____ PHONE NUMBER _____
 NATURE OF WORK AND/OR RESPONSIBILITIES _____
 REASON FOR LEAVING _____ WAGE \$ _____ HOURLY _____ SALARY _____

2. EMPLOYER _____ FROM _____ TO _____
 ADDRESS _____ JOB TITLE _____
 CITY _____ STATE _____ ZIP CODE _____
 SUPERVISOR NAME _____ PHONE NUMBER _____
 NATURE OF WORK AND/OR RESPONSIBILITIES _____
 REASON FOR LEAVING _____ WAGE \$ _____ HOURLY _____ SALARY _____

3. EMPLOYER _____ FROM _____ TO _____
 ADDRESS _____ JOB TITLE _____
 CITY _____ STATE _____ ZIP CODE _____
 SUPERVISOR NAME _____ PHONE NUMBER _____
 NATURE OF WORK AND/OR RESPONSIBILITIES _____
 REASON FOR LEAVING _____ WAGE \$ _____ HOURLY _____ SALARY _____

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ANY RESUME PROVIDED BY ME, OR BY ANY PARTY REPRESENTING MY INTEREST, IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS, MISREPRESENTATIONS OR OMISSIONS MADE BY ME ON THIS APPLICATION OR ANY SUPPLEMENT THERETO, WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR DISCHARGE AFTER EMPLOYMENT. I GIVE BYPASS RENTAL CENTERS, INC./BYPASS PORTABLES THE RIGHT TO OBTAIN PERTINENT INFORMATION CONCERNING ME FROM FORMER EMPLOYERS AND OTHER, AND I RELEASE ALL THOSE PROVIDING OR REQUESTING SUCH INFORMATION FROM ANY LIABILITY THAT MAY ARISE BY TRUTHFUL DISCLOSURES OR SUCH INVESTIGATIONS. IF HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITHOR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANYTIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR DEFINITE DURATION. I UNDERSTAND THST NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCE TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCE MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER. I UNDERSTAND IT IS THE POLICY OF BYPASS RENTAL CENTERS, INC./BYPASS PORTABLES NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSONS NEED FOR A REASONABLE ACCOMMODATIONS AS REQUIRED BY THE ADA. I ALSO UNDERSTAND THAT IF HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND/OR LEGAL WORK AUTHORIZATION.

YOUR SIGNATURE ACKNOWLEDGES YOU HAVE READ AND AGREE TO THE STATEMENT ABOVE

 APPLICANT — PRINT NAME _____
 DATE

 APPLICANT — SIGNATURE