



Visit our Website for Information on job postings: [www.theAFScorp.com](http://www.theAFScorp.com)

An Equal Opportunity/Affirmative Action Employer
Application of Employment

It is the policy of Advance Feeding Systems Inc. to provide employment, training, compensation, promotion, and other conditions of employment based on qualifications, without regard to race, color, religion, national origin, sex, age, marital or veteran status, the presence of non-job related disability, or any other legally protected status. FAILURE TO COMPLETE ALL OF THE BELOW INFORMATION, IN A LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.

Position Applied For (list the specific job title as advertised) [ ] Date of Application [ ]

NOTE: If you are applying for more than one position, you must complete a separate application for each.

How Did You Learn About this Position?

- Messenger-Inquirer, Dept. of Employment Services, AFS Web Page, Recruitment Fair, Other Newspaper, Friend or Relative, Other internet site, other

Last Name, First Name, Middle Name [ ]

Current Address, Number, Street, City, County, State, Zip Code [ ]

How long have you lived at your current address? From (month) / year TO (month) / year

Previous Address, Number, Street, City, County, State, Zip Code [ ]

How long have you lived at your previous address? From (month) / year TO (month) / year

Mobile Phone, Home Phone, Social Security Number [ ]

Email Address (if applicable): [ ]

Job Interest

Wage or Salary Desired \$ /hr. \$ / yr. Wage or Salary you will consider \$ /hr. \$ / yr. \*If Advance Feeding Systems Inc. is unable to consider paying your minimum wage or salary requirement, you may be disqualified from further consideration.

Date Available for Employment: If a job is offered to you, how much notice must you give your current employer?

Were you ever employed by Advance Feeding Systems Inc.? Yes No If yes, what dept. ? Dates TO

Have you ever applied for employment with Advance Feeding Systems Inc.? Yes No If yes, what position(s) and when?

[ ]

Check the following you are willing to work: Full Time Part time Temporary Days Nights Weekends Shift Work Overnight Travel

Referring to the job advertisement, do you believe you meet the education/experience requirements for this position? Yes No

If yes, explain: [ ]

**Education and Training** Note: Please submit Evidence of Education, Training, Certifications, ETC. With Application.

(Check those that apply)

List Name and Location of School	Grade Completed	Did you Graduate	GPA	Degree	Major(s)/Minor(s)
High School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> GED	<input type="checkbox"/> yes <input type="checkbox"/> no		N/A	N/A
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> AA <input type="checkbox"/> BS <input type="checkbox"/> AS <input type="checkbox"/> BS	
Graduate School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> yes <input type="checkbox"/> no			
Business School	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> yes <input type="checkbox"/> no			
Vocational /Tech	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> yes <input type="checkbox"/> no			

**REFERENCES; ASSOCIATIONS WITH EMPLOYEES, ETC.**

Give name, address, and telephone number of three references **WHO ARE NOT RELATED TO YOU** and are not previous employers. **It is suggested you provide 3 letters of reference with your application** (as this may help expedite the hiring process). **FAILURE TO PROVIDE ALL OF THE BELOW INFORMATION, IN LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION**

Name	Address, City, State and Zip Code	Daytime Phone Number

Do you have any relatives presently employed by Advance Feeding Systems Inc.?  Yes  No

**Driver License and other Pertinent Information**

Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of State:	License#:
Do you have a valid commercial Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class/Endorsement:	License#:

Are you able to perform the essential functions of the position for which you are applying with or without accommodations?  Yes  No

As part of our selection procedure, pre-employment examinations may be used, particularly for full time positions (exams may be written, oral, skills, etc.). Applicants may request accommodations, when necessary (e.g., the need for a Spanish interpreter, exam in braille or audio format, table at certain height for wheelchair access, etc.). Advance Feeding Systems Inc. will provide reasonable accommodation as required by applicable law. NOTE: To be considered for reasonable accommodations, the applicant must contact Advance Feeding Systems Inc. at (270) 733-4900 at least two weeks prior to the exam or other event in which accommodation is needed. Also, the applicant may be required to submit evidence supporting the need for accommodation (e.g., verification of disability from health care provider, etc.).

Are you age 18 or older?  Yes  No (If no, signature of parent required on last page)

Are you age 16 or older?  Yes  No (Minimum age for employment is age 16)

Can you provide documentation verifying you are legally eligible for employment in the U.S.?  Yes  No

If you are not a U.S. Citizen, do you have a permanent VISA?  Yes  No

Are you currently eligible to work in the United States without sponsorship for a temporary VISA?  Yes  No

**Military**

Have you served in the Military?  Yes  No Branch of Service \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_ Final Rank \_\_\_\_\_

Did you receive an Honorable Discharge?  Yes  No What were your Primary Duties? \_\_\_\_\_

**JOB RELATED ACTIVITIES/ACHIEVEMENTS/CERTIFICATIONS:** List professional, trade, business, or civic activities and offices held (you may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status), and also other Achievements, Honors, Training, Skills, Licenses, Registrations, or Certifications (e.g., Adult or Child CPR, First Aid, Lifesaving, Water, Safety Instructor, Leisure Professional, CDL, CPA, PE, CNE, CNA, EMT, RN, LN, LINK/NCIC, Land Surveyor, Pesticide, Notary Public, etc.).

---



---



---



---

**EMPLOYMENT HISTORY**

Start with your present or last job. List all employers. If adequate room is not provided, attach another sheet. It is suggested you submit a resume and letters of reference from each employer with your application to provide further detail of your experience. In the event you are considered for hire, your providing letters of reference may expedite the process. The City reserves the right to contact any of your employers, current or previous, if you become a potential candidate for the position. Your signature on this application authorizes us to contact all employers.

**FAILURE TO COMPLETE ALL OF THE BELOW INFORMATION, IN A LEGIBLE FORMAT, MAY RESULT IN DISQUALIFICATION FROM FURTHER CONSIDERATION.**

Employer #1: (List your last name during this employment if different)		Dates Worked: From:	To:
Address and City, State ZIP		Starting Salary: \$	Per
Job Title		Final Salary: \$	Per
How long were you in this position? From:	To:	Primary Duties:	
Department	Supervisor	Daytime Phone No.	
Were you Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Voluntarily leave employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you discharged for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments, if applicable (No medical information, please):

Employer #2: (List your last name during this employment if different)		Dates Worked: From:	To:
Address and City, State ZIP		Starting Salary: \$	Per
Job Title		Final Salary: \$	Per
How long were you in this position? From:	To:	Primary Duties:	
Department	Supervisor	Daytime Phone No.	
Were you Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Voluntarily leave employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you discharged for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments, if applicable (No medical information, please):

Employer #3: (List your last name during this employment if different)		Dates Worked: From:	To:
Address and City, State ZIP		Starting Salary: \$	Per
Job Title		Final Salary: \$	Per
How long were you in this position? From:	To:	Primary Duties:	
Department	Supervisor	Daytime Phone No.	
Were you Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Part time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contracted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Voluntarily leave employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were you discharged for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments, if applicable (No medical information, please):

## APPLICANT'S STATEMENT

I understand, if accepted for employment in a position for any full time position at Advance Feeding Systems Inc. that I must serve a probationary period of one (1) year. I understand that Advance Feeding Systems Inc. reserves the right to extend my probation beyond one year, or 18 months if applicable, in accordance with applicable law. If accepted for employment in a temporary or part time position, I understand my employment will be completely "At Will" unless otherwise governed by applicable law. I understand that unless otherwise defined by applicable law, any probationary or other employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized body of this organization. Furthermore, I understand that merely being employed more than one year (or 18 months, if applicable) does not indicate that a person has satisfactorily completed his/her probationary period. Until the appointing authority approves a regular appointment, the probationary status remains in effect. I understand, if accepted for employment, that this application does not constitute an employment contract, express or implied, nor a guarantee of continued employment. An individual's employment and compensation can be terminated, with or without cause, at any time, at the option of Advance Feeding Systems Inc., in accordance to personnel policy and applicable law. No supervisor or representative of Advance Feeding Systems Inc. has the authority to enter into any agreement for employment for any specified period of time or to modify an agreement for employment at any time in a manner inconsistent with the above. I understand that if I am found to be eligible for employment, that Advance Feeding Systems Inc. is not obligated to employ me.

**I agree to submit to and satisfactorily complete the following examinations/evaluations, when required, and understand that such requirements will be conducted by a qualified party of Advance Feeding Systems Inc. choosing: drug screen, physical examination, psychological evaluation, physical agility examination, and any other necessary examination or evaluation. I also agree to submit to reexaminations or reevaluations when required. I authorize the release of any medical information to Advance Feeding Systems Inc. I understand and acknowledge that I will forever release and hold harmless from any and all liability Advance Feeding Systems Inc. or any party(ies) for injuries or illness which result from the physical examination, physical, agility test, or any other requirement of the employment process. I hereby release liability, relinquish, and waive any and all claims against the Advance Feeding Systems Inc. or any other involved party(ies) and will hold such harmless and will file no suit against the Advance Feeding Systems Inc. or any other involved party(ies). I authorize Advance Feeding Systems Inc. and/or its chosen representative to investigate all information necessary to reach an employment decision. I hereby authorize all persons, schools, current and previous employers, current and previous neighbors/acquaintances/family members (for certain positions), and organizations named in this application, accompanying attachments ,resume, or obtained through any other information supplied orally or in writing, to release to the Advance Feeding Systems Inc. or its chosen representative all information necessary to reach an employment decision. Such information may include, but is not limited to, my employment background, job performance, driving record, safety record, attendance record, character, personal characteristics, general reputation, criminal history, educational background, ability, accident history, alcohol and controlled substance testing and training records, and any other information necessary to arrive at an employment decision. When required, I agree to participate and satisfactorily complete, in accordance with applicable law, a polygraph examination and any other assessment, examination, or evaluation necessary to reach an employment decision. I agree to cooperate in all investigations necessary for Advance Feeding Systems Inc. to reach an employment decision. I hereby release liability, relinquish, and waive any and all claims against Advance Feeding Systems Inc. or any other involved party(ies) and will hold such harmless and will file no suit against Advance Feeding Systems Inc. or any other involved party(ies), with respect to the information supplied or investigations, assessments, examinations, or other evaluations conducted.**

**If applicable to the position for which I am applying, and/or as required by applicable law, I hereby authorize release of information from my drug and alcohol testing records by my current and/or previous employers listed within this application or any supplements thereto. I understand that information released by my current and/or previous employers may consist of, but is not limited to, the following: alcohol tests with a result of 0.04 or higher; verified positive drug tests; refusals to be tested; violations of DOT agency drug and alcohol testing regulations; information obtained from previous and/or current employers of a drug or alcohol rule violation; documentation, if any, of completion of the return-to-duty process following a rule violation.**

**I understand that a photocopy of this form shall constitute written authorization for all external and internal sources to obtain or release any information that is necessary to assist Advance Feeding Systems Inc. in reaching an employment decision, the same as if it were the original form. I will forever release and hold harmless from any and all liability any sources which provide information to Advance Feeding Systems Inc., regardless of the outcome which results from the release of such information. I understand that unless required by applicable law, that I will not be informed of, or provided with, any information or facts developed or obtained through the selection or investigation process.**

I assign all my rights in and to any inventions or patents which during my employment I may create or conceive, either alone or with others, in the course of employment or with the use of the time, material or facilities and relating to operation, processes, products or business to Advance Feeding Systems Inc.. I agree to abide by the policies, procedures, and directives of the employer. I acknowledge that such policies, procedures, and directives may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without any prior notice to me. I agree with Advance Feeding Systems Inc. to accept and comply with the provisions of the Worker's Compensation Laws and the Drug free Workplace and Drug and Alcohol Testing Policy. I agree to meet any and all requirements as established by the applicable provisions of federal law, the Kentucky Revised Statutes, Advance Feeding Systems Inc. policies and procedures, and all other applicable requirements. I understand that any false or omission of answers, statements, or signatures made by me on this application, or any supplement thereto, or any materials in connection with the abovementioned selection or investigation process, or any materials otherwise required to arrive at an employment decision, will be sufficient grounds for immediate disqualification of consideration for employment, and immediate discharge, if I am employed. I acknowledge that I meet the educational/experience requirements as stated within the job advertisement, and understand it is my responsibility to submit evidence of high school diploma or G.E.D. and evidence of any degrees, college hours completed, military service, licenses, certifications, or credentials, when required. I understand that failure to do so may result in disqualification from further consideration, or termination of employment, if employed.

**I acknowledge that I have read and fully understand the contents and requirements of this document, and that I have knowingly, intelligently, and voluntarily executed same. I agree to the conditions of this application for employment.**

\_\_\_\_\_  
**Applicant's Signature (required by all applicants) Date**

Consented voluntarily by:

\_\_\_\_\_  
Parent or Guardian Signature (required for all applicants under 18 years of age) Date