

KENTUCKY DOWN UNDER®/KENTUCKY CAVERNS®



PO Box 189, 3700 L&N Turnpike Rd
Horse Cave, Kentucky 42749
Tel # 1-800-762-2869 or 270-786-2634
Fax # 270-786-2636

Applicants may be tested for illegal drugs.

Date: _____

Name: _____
Last Name First Name Middle Initial

Address: _____
Number Street City State Zip Code

Tel. number: _____ Social Security Number: _____ - _____ - _____

Cell phone number: _____ E-mail address: _____

If under 18, please list age: _____. Can you provide required proof of your eligibility to work? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
_____ -Proof of citizenship or immigration status will be required upon employment.

Position applied for (please underline): Café * Cave Guide * Animal Crew * Ticket Sales * Farm
Maintenance * Landscaping * Bus Driver

How many hours can you work weekly? _____ Can you travel if the job requires? _____

When are you available to work? _____

Have you been convicted of a felony within the last 7 years? _____
If yes, briefly explain:

Days/Hours Available:	
No preference:	_____
Mon:	_____ Fri: _____
Tue:	_____ Sat: _____
Wed:	_____ Sun: _____
Thu:	_____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____

What is your means of transportation to work? _____

Driver's License Number: _____ State of Issue: _____ Expiration date: _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How many? _____

References

Please list two references other than relatives or previous employers:

1. Name: _____

Address: _____

Telephone: _____

2. Name: _____

Address: _____

Telephone: _____

Employment Experience – please list your work experience

Employer name, address & telephone number:	Employment dates: To: From:	Hourly rate or salary:	Reason for leaving:
Name of your last supervisor:		Your last job title:	
Employer name, address & telephone number:	Employment dates: To: From:	Hourly rate or salary:	Reason for leaving:
Name of your last supervisor:		Your last job title:	
Employer name, address & telephone number:	Employment dates: To: From:	Hourly rate or salary:	Reason for leaving:
Name of your last supervisor:		Your last job title:	

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

Are you physically or otherwise able to perform the duties of the job for which you are applying?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER - We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Application Form Waiver

I certify that answers given herein are true and complete to the best of my knowledge.

In exchange for the consideration of my job application by Mammoth Onyx Cave Inc. DBA; Kentucky Down Under, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Kentucky Down Under, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by written instrument signed by the President/General Manager of the Company. Both the undersigned and Kentucky Down Under may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated) references and others and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of twenty-eight (28) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant: _____ **Date:** _____

Thank you for completing this application form and for your interest in our business.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange an interview: Yes No

Remarks: _____

Interview date: _____

Employed: Yes No Hourly Rate/Salary: _____ Department: _____

Job Title: _____

By: _____

Name and Title

Date