



Employment Application

APPLICANT INFORMATION

Today's Date: _____

Position Applied For: _____ Date Available: _____ Desired Salary: \$ _____

Full Legal Name: _____ SSN#: _____
Last First Middle

Home Address: _____
Street Address Apt. /Unit # City State Zip

Mailing Address: (If different from above)
Street Address Apt. /Unit # City State Zip

Home: () _____ Cell: () _____ E-mail Address: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No
Have you ever worked for this company? Yes No If yes, note date & program: _____
Are you related to any current employee? Yes No If yes, note name & relationship to you? _____
Have you ever been convicted of a felony? Yes No If yes, explain: _____

Do you have a valid driver's license & access to vehicle? Yes No
If yes, state license # & expiration date: _____

EDUCATION

High School: _____ Other: _____
Address: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No From: _____ To: _____ Did you graduate? Yes No
Degree: _____

College: _____
Address: _____
From: _____ To: _____ Did you graduate? Yes No
Degree: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____

PREVIOUS EMPLOYMENT

Employer: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date of Employment: _____ To _____ Reason Leaving: _____
Full Time Part Time - If Part Time, Hours per week _____
May we contact your previous supervisor for a reference? Yes No

Employer: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date of Employment: _____ To _____ Reason Leaving: _____
Full Time Part Time - If Part Time, Hours per week _____
May we contact your previous supervisor for a reference? Yes No

Employer: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Date of Employment: _____ To _____ Reason Leaving: _____
Full Time Part Time - If Part Time, Hours per week _____
May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch: _____ Phone: () _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

ACQUIRED SKILLS

Please list technical skills, clerical skills, trade skills, etc. relevant to the position. Include relevant computer systems/software of which you have working knowledge; note level of proficiency (basic, intermediate, & expert)

EQUAL OPPORTUNITY EMPLOYER

Central Kentucky Community Action Council, Inc. is an Equal Opportunity Employer. The agency does not discriminate on the basis of race, sex, color, religion, national origin, age, and marital status, political or union affiliation, sexual orientation, disability or veteran status in providing services or employment opportunities pursuant to Title VI Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act (ADA) of 1990.

PRE-EMPLOYMENT REQUIREMENTS

As part of the pre-employment process, some employees may be subject to a pre-employment drug screening based on position and program that will be performed by an authorized collection site as determined by an agency designee. The perspective employee is responsible for ½ of the cost for the screening and Central Kentucky Community Action Council, Inc. pays the other ½ of the cost.

For some positions a medical examination, such as a DOT physical is required. These examinations are arranged after employment and performed by an agency designated medical site. The expense of this examination will be paid by the agency. If a pre-employment medical examination is required, it will be stated in the recruitment advertising.

By applying for a specific job, you acknowledge your understanding and agreement that failure to successfully complete a pre-employment medical examination or pre-employment drug screening will result in rescinding the employment offer or terminating your employment.

Signature: _____

DISCLAIMER AND SIGNATURE

I certify that all answers to the questions on this application are true and I further understand that any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or grounds for termination of employment. I also understand prior to employment, I must provide information related to identity and employability.

Signature: _____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with Central Kentucky Community Action Council, Inc., employee is at-will, meaning that I or the Central KY CAC may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize that Central KY CAC to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release to Central KY CAC, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals,

schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Central KY CAC requires the successful completion of a drug and/or alcohol test as a condition of employment.

I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

07/19/2010