

APPLICATION FOR EMPLOYMENT
Lake Cumberland Community Action
Agency, Inc.

PO Box 830, 23 Industry Drive
 Jamestown, Kentucky 42629-0830
 (270) 343-4600 – Voice
 (270) 343-2800 - Fax
 AN EQUAL OPPORTUNITY EMPLOYER M/F/D
 www:lc-caa.org

POSITIONS DESIRED

ANNOUNCEMENT
NUMBER

CLOSING
DATE

TITLE	N/A	
	N/A	
	N/A	
	N/A	

INSTRUCTIONS
PRINT IN BLACK OR BLUE
INK OR TYPE
 Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays. False answers may lead to rejection or dismissal.

Social Security No. --
 Home Phone No. _____ Today's Date _____
 Work Phone No. _____ Salary Required _____

- Mr. Ms. _____
 Last Name First Name Middle Name Other Name (if any)
- Address _____
 Street, R.F.D. or Box No. City State Zip Code County
 E-mail Address if available _____
- Date of Birth _____
 Month Day Year
- Are you a U. S. citizen? Yes No
 Are you a legal permanent resident? Yes No
 Previous employee of LCCAA, list dates. _____
- Yes No Currently employed by LCCAA?
- Yes No Do you have a valid driver's license if required by the position for which you are applying? License # _____
- Yes No Do you have a valid commercial driver's license (CDL) license if required by the position for which you are applying?
 If yes, what class? _____ What endorsement? _____
- Yes No Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason _____
- Yes No Have you ever been convicted of violating any law (omit minor traffic violations)? **If yes, list conviction(s), date(s), and place(s).**
Conviction is not an automatic rejection.
- Date available for work _____
- Type of Work Full-Time Part-Time Temp Other _____
- List the specific counties where you desire to work. You may specify "agency wide," only if willing to work in **any** of the 10 counties LCCAA serves.

13. **EDUCATION/TRAINING:** Complete accurately and circle highest grade or year completed at all levels of school below. Provide **originals** of following, if required: (1) GED certificate; (2) high school diploma/ transcript; (3) vocational/technical school transcript; or (4) college transcript with an official seal & Registrar's signature. NOTE: Education must be verified 90 days after hire/promotion or appointment will be terminated.

Can you type? Yes No Words per minute: _____ Education completed: GED Yes No Year _____
 Grade School Yes No Middle 6, 7, 8 High School 9, 10, 11, 12 College 1, 2, 3, 4 Graduate School 1, 2, 3, 4

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School				mo/yr					Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>
Under Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			Degree:
Graduate College or University		mo/yr	mo/yr	mo/yr	**	**			Degree:
Vocational, Business, Technical		mo/yr	mo/yr	mo/yr	***	***			Certificate:
Apprenticeship	Type: _____	mo/yr	mo/yr	Length of Program: 1 2 3 4 5	Journeyman: Yes <input type="checkbox"/> No <input type="checkbox"/>		Must provide certificate		

Please indicate if college hours are semester or quarter **OR ***indicate number of vocational/technical school clock hours.

NAME: _____ SSN: _____ DATE: _____

14. **EMPLOYMENT HISTORY:** Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. **When listing job duties, list those that took most of your time first.** If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

May we contact your present employer? YES NO If no, explain _____

<p>A.</p> <p>Employed From <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p style="text-align: center;">Phone: _____</p> <p style="text-align: center;">From To Number Mo. Yr. Mo. Yr. Supervised</p> <p>I was a supervisor <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> _____</p>	Mo.	Day	Yr.	Mo.	Day	Yr.							<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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NOTE: Additional employment history sheets available upon request.

- 15. LICENSES/CERTIFICATIONS OR LANGUAGE PROFICIENCY:** If a license/certificate is required for a position you must provide a copy or verification before approval for placement on a merit register.
- a. I hold a current license or certification as indicated below and understand if placed on a register or hired, I must maintain a current license or certification or be subject to dismissal or removal from the merit register.

License or Certification Title & Number	Original Issue Date	Current Expiration Date	Name, Address & Phone of Licensing Agency

b. List additional languages you speak proficiently.			
c. List additional languages you read or write proficiently.			

16. **PROFESSIONAL ORGANIZATIONS:** Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

17. **CHARACTER REFERENCES:** Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER

COMPLETION OF SECTION 18 IS VOLUNTARY

18. Information in this block is for statistical purposes and will be forwarded to agencies for purposes of compliance with Equal Employment Opportunity requirements.

SEX

RACE

Male Female

0. - White
 1. - Black

2. - Hispanic
 3. - Asian/Pacific Islander

4. - American Indian or Alaskan Native
 5. - Other

- IMPORTANT - THIS SECTION MUST BE COMPLETED -

19. **SIGNATURE** - Please read and sign the following statement: I certify that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed and disqualified from future employment. I hereby authorize this Agency to whom my name is certified/referred to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment. I also understand that this Agency is a drug free workplace and that substance abuse testing is required for certain classifications. Additionally, I understand that this Agency is an at-will employer.

Date _____

Signature X _____

LCCAA does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, ancestry or veteran status in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request..

(CONTINUATION OF EMPLOYMENT HISTORY)

DIRECTIONS FOR EMPLOYMENT HISTORY: Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

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(CONTINUATION OF EMPLOYMENT HISTORY)

DIRECTIONS FOR EMPLOYMENT HISTORY: Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. When listing job duties, list those that took most of your time first. If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for that job. **NOTE:** You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

<p>J.</p> <p>Employed From <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table> To <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;">Mo.</td><td style="width: 20px; text-align: center;">Day</td><td style="width: 20px; text-align: center;">Yr.</td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: right; margin-right: 50px;">Starting Salary _____</p> <p>Average hours worked per week <table style="display: inline-table; border: 1px solid black; margin-right: 5px;"><tr><td style="width: 20px; text-align: center;"> </td><td style="width: 20px; text-align: center;"> </td></tr></table> Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p style="text-align: right; margin-right: 50px;">Phone: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">From</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">To</td> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Number</td> </tr> <tr> <td style="color: red;">I was a supervisor</td> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Yr.</td> <td style="text-align: center;">Mo.</td> <td style="text-align: center;">Yr.</td> <td style="text-align: center;">Supervised</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	Mo.	Day	Yr.	Mo.	Day	Yr.				From		To		Number	I was a supervisor	Mo.	Yr.	Mo.	Yr.	Supervised							<p>Job Duties:</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____
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