



21039 W US Highway 60
 Olive Hill, KY 41164
 (606) 286-4443
 nkcaa.net

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER - Applicants are considered for employment without regard to race, color religion, gender, national origin, age, marital or veteran status, or non-related medical condition or disability.

PERSONAL

Last Name	First	Middle	Date ____/____/____
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Other names under which you have been employed			Email

POSITION INFORMATION

Position (s) applied for: _____

Date available: _____ Type of employment preferred: ___ Full-Time ___ Part-Time ___ Temporary

Minimum salary acceptable: \$_____ per _____

Have you ever been employed by Northeast KY Community Action Agency, Inc.? ___ Yes ___ No

If yes, please indicate years and program: _____

Do you have relatives working for Northeast KY Community Action Agency, Inc.? ___ Yes ___ No

If yes, please indicate his/her name, your relationship, and program in which he/she works:

Are you a U.S. Citizen or do you have a work permit issued by the Federal government? ___ U.S. Citizen ___ Work Permit

Were you in the U.S. Armed Forces? ___ Yes ___ No If yes, what Branch? _____

Dates of Duty: From ____/____/____ To ____/____/____ Rank at Discharge _____

EDUCATION

School	Name and Location of School	Course of Study	Years Attended	Did You Graduate	Degree or Specialty
Graduate				___ Yes ___ No	
College				___ Yes ___ No	
Business/Trade/Technical				___ Yes ___ No	
High School				___ Yes ___ No	
GED				___ Yes ___ No	

MEMBERSHIPS

Membership in Professional, Trade, Business, or Civic Organizations (exclude those which may disclose your race, color, religion, or national origin): _____

CERTIFICATION

Please list all current professional certifications, if any: _____

Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.

EMPLOYMENT

COMPANY NAME (1)		Telephone ()	
Address		Employed – (month and year) From: To:	
Name of Supervisor	Supervisor Telephone ()	Reason for Leaving	
Job Title and Describe Your Work		Rate of Pay	# of People Supervised

MAY WE CONTACT: YES NO

COMPANY NAME (2)		Telephone ()	
Address		Employed – (month and year) From: To:	
Name of Supervisor	Supervisor Telephone ()	Reason for Leaving	
Job Title and Describe Your Work		Rate of Pay	# of People Supervised

MAY WE CONTACT: YES NO

COMPANY NAME (3)		Telephone ()	
Address		Employed – (month and year) From: To:	
Name of Supervisor	Supervisor Telephone ()	Reason for Leaving	
Job Title and Describe Your Work		Rate of Pay	# of People Supervised

MAY WE CONTACT: YES NO

Have you ever been terminated, discharged or laid-off from any employment? If yes, provide company name, job title at time of release from employment and reason. _____

REFERENCES

Give name, address, and telephone number of three job-associated references who are not related to you.

Name	Address	Telephone	Occupation

OTHER INFORMATION

Have you ever filed an application with us before? Yes No If yes, Month and Year _____

Can you travel to the extent if the job requires it? Yes No

Can you perform the essential functions of the job which you are seeking with or without reasonable accommodation?
 Yes No (If you need more information concerning job duties to answer this question, please inquire)

Declaration of criminal record history. Have you ever been convicted of a crime in any state (including felonies, misdemeanors, child or sexual abuse or neglect, guilty pleas of nolo contendere) other than minor traffic offenses?
 Yes No If yes, explain fully, including type of offense, date and location: (Note: A criminal record does not constitute an automatic bar to employment, however, the type of conviction and when it occurred will be considered)

SUBMISSION OF THIS APPLICATION CONSTITUTES YOUR PERMISSION AND APPROVAL FOR NORTHEAST TO VERIFY THE ACCURACY AND COMPLETENESS OF YOUR PRIOR CONVICTIONS RECORD TO THE EXTENT ALLOWED BY LAW.

APPLICANT'S CERTIFICATION

I understand that receipt of this application does not imply that I will be employed nor does it indicate that there are positions available.

I understand that unless acted upon, this application will become inactive after one year. If I wish to be considered for employment after this one year period, I understand that a new application must be completed.

I understand I will be asked for information that will allow Northeast KY Community Action Agency, Inc., to comply with immigration and naturalization requirements.

I understand that by submitting this application, I am granting Northeast KY Community Action Agency, Inc., permission to investigate any of the information included in this application, including conducting a criminal records background check, driving record check, or drug test. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organization, companies and corporations collecting and supplying such information.

I understand that if I am hired my employment is for no definite period and will be at-will and may be terminated with or without cause and with or without notice at any time. I further understand that if I am hired my job will include any duties and tasks requested or directed by management, regardless of my job title.

I certify the information included in this application is correct and understand that misrepresentation of false or omitted facts, whenever discovered, may result in rejection of this application or dismissal from employment.

I have read and understand the foregoing statements and have voluntarily agreed to them.

Signature of Applicant

Date

OTHER COMMENTS or ADDITIONAL INFORMATION:

FOR AGENCY USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		

Arrange Interview Yes No Date: _____

Remarks: _____

Position(s) Interviewed for _____

Interviewer _____ Interviewer _____

Interviewer _____ Interviewer _____

Offer of employment extended Yes No

Offer accepted Yes No

Job Title _____

Department _____

Date of Employment _____

Salary \$ _____ (Hourly or Yearly)