

Employment Application

Lake Cumberland Area Development District, Inc.
 PO Box 1570
 Russell Springs, KY 42642

Applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non-job-related medical condition or disability.								
Please read acknowledgements (page 3, section 1), then complete application, using typewriter or ink.								
PERSONAL INFORMATION	A	1	NAME Last	First	Middle	SOCIAL SECURITY NUMBER		
	2	PRESENT ADDRESS—Street City State Zip Code				PHONE NUMBER ()		
	3	PERMANENT ADDRESS = Street City State Zip Code				PHONE NUMBER ()		
	4	EMERGENCY PHONE NO. ()				5 AGE (if under 18)		
	6	Have you applied for employment or been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, give position(s) and date(s).		
	EMPLOYMENT INTEREST	B	1	TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL			2 DATE AVAILABLE FOR WORK	
3		WHAT POSITION ARE YOU SEEKING?	4	MINIMUM SALARY REQUIREMENT	5 WILL YOU PERFORM SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
6		CAN YOU TRAVEL IF JOB REQUIRES IT? (Please list any restrictions.) <input type="checkbox"/> YES <input type="checkbox"/> NO				7 Are you on layoff or subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8		DOES ANYONE IN YOUR IMMEDIATE FAMILY WORK HERE? (If yes, list name(s), relationship(s), and department(s). <input type="checkbox"/> YES <input type="checkbox"/> NO						
EDUCATIONAL RECORD	C		EDUCATION	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL	
	1	NAME AND LOCATION OF SCHOOL						
	2	YEARS COMPLETED (CHECK)	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
	3	DIPLOMA/DEGREE						
		YEAR RECEIVED						
	4	MAJOR/FIELD OF STUDY						
	5	AREA(S) OF SPECIALIZED TRAINING:						
	6	TITLE OF THESIS AND SPECIAL PROJECT(S):						
	7	HONORS RECEIVED:						
	8	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:						
9	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:							
10	SHORTHAND <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:			11	TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:			

D

PREVIOUS EMPLOYMENT: Start with your present or last job, and list all employment experiences. If additional space is needed, use an extra sheet of paper.

EMPLOYMENT EXPERIENCE

1 CURRENT OR PREVIOUS EMPLOYER	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE			
	SUPERVISOR		HOURLY RATE/SALARY	
	REASON FOR LEAVING OR WANTING TO LEAVE		STARTING	FINAL
2 NEXT PREVIOUS EMPLOYER	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE			
	SUPERVISOR		HOURLY RATE/SALARY	
	REASON FOR LEAVING OR WANTING TO LEAVE		STARTING	FINAL
3 NEXT PREVIOUS EMPLOYER	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE			
	SUPERVISOR		HOURLY RATE/SALARY	
	REASON FOR LEAVING OR WANTING TO LEAVE		STARTING	FINAL
4 NEXT PREVIOUS EMPLOYER	EMPLOYER	DUTIES	DATES EMPLOYED	
	ADDRESS		FROM	TO
	JOB TITLE			
	SUPERVISOR		HOURLY RATE/SALARY	
	REASON FOR LEAVING OR WANTING TO LEAVE		STARTING	FINAL

F

OTHER CONSIDERATIONS

1	IF A LICENSE OR CERTIFICATE IS NEEDED TO PERFORM THE WORK IN THE POSITION APPLIED FOR, PLEASE COMPLETE THE FOLLOWING:			
	<table border="1"> <tr> <td>DRIVERS LICENSE NUMBER</td> <td></td> </tr> <tr> <td>NAME OF TRADE OR PROFESSIONAL LICENSE NUMBER</td> <td></td> </tr> </table>	DRIVERS LICENSE NUMBER		NAME OF TRADE OR PROFESSIONAL LICENSE NUMBER
DRIVERS LICENSE NUMBER				
NAME OF TRADE OR PROFESSIONAL LICENSE NUMBER				
2	LIST ANY SKILLS AND ABILITIES THAT YOU POSSESS THAT WILL BE HELPFUL IN DOING THE JOB APPLIED FOR:			

F	1	GIVE THE NAME OF TWO REFERENCES, DO NOT INCLUDE RELATIVES OR PREVIOUS EMPLOYERS			
	REFERENCE	NAME	RELATIONSHIP	ADDRESS	PHONE NO.
		1.			()
		2.			()

G	1	LIST OFFICES HELD IN SCHOOL, CIVIC CLUBS, OR BUSINESS ORGANIZATIONS. YOU MAY OMIT THOSE THAT INDICATE SEX, RACE, COLOR, RELIGION, OR NATIONAL ORIGIN			
	ACTIVITIES				

2	CURRENT HOBBIES, INTEREST OR FAVORITE RECREATION:			
----------	---	--	--	--

H	1	BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	2	HIGHEST RANK ATTAINED
	3	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	4	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INFORMATION
 This employer is subject to Section 503 of the Rehabilitation Act, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act, and the Americans with Disabilities Act. If you have a disability that will require reasonable accommodations during the pre-employment application/testing procedures, please let us know; you may be required to provide documentation verifying the need for accommodations. This information will not subject you to any adverse treatment.

5	ARE YOU A VIETNAM ERA VETERAN? IF YES, MONTH AND YEAR ACTIVE DUTY COMPLETED. <input type="checkbox"/> YES <input type="checkbox"/> NO			
----------	--	--	--	--

6	ADDITIONAL COMMENTS:			

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

I	ACKNOWLEDGEMENTS	1	I certify that the answers given herein are true and complete to the best of my knowledge.		
		2	I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.		
		3	In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.		
		4	I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.		
		5	I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at-will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.		
		6	I understand that this application is the property of the employing organization. This application must be signed and dated below before I receive consideration for employment.		
	7	SIGNATURE (Please sign—Do not type or print):		8	DATE:

FOR PERSONNEL DEPARTMENT USE ONLY

Position applied for is open?

YES NO

Position(s) considered for:

Application reviewed by:

Date

Remarks:

Arrange Interview YES NO If yes, date: Time:

Interviewed by (List Participants):

Employed YES NO

Date of employment:

Position Title:

Department:

Starting Salary: