

Application for Employment

Community Action Council for Lexington-Fayette, Bourbon, Harrison and Nicholas Counties, Inc.

P.O. Box 11610 • Lexington, KY 40576

859.233.4600 • 1.800.244.2275 • www.commaction.org

Community Action Council is an Equal Opportunity Employer. There shall be no discrimination in hiring and employment because of race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, political affiliation or belief.

As of July 1,1992, Community Action Council is a smoke-free workplace.

PLEASE PRINT OR TYPE

Date of application:	
Position(s) applied for:	
Referral source: Advertisement Friend Relative Walk-in Employment Agency Other	
Name: (Last) (First) (Middle)	
Address: (Street address)	
(City) (State) (Zip)	
Telephone: (Work) () E-mail:	
Social Security Number: Yes	No
If you are under 18, can you furnish a work permit?	
Have you filed an application here before?	
If Yes, give date:	
Have you ever been employed here before?	
If Yes, give date:	
Are you currently employed?	
May we contact your present employer?	
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)	
On what date would you be available for work?	
Are you available to work: Full Time Part Time Temporary	
Are you on a lay-off and subject to recall?	
Can you travel if a job requires it?	
Do you have an automobile and can you use it in your employment?	
Do you have a valid driver's license?	
Do you have a valid commercial driver's license?	
Have you been convicted of a felony within the last 7 years?	
If Yes, please explain.	

(Continue on reverse side if necessary.)
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Name		Telephone Number
	Address	Malauta a North
Give name, address and telephone previous employers.	e number of three personal references wh	no are not related to you and are not
·		
List professional, trade, business of (Exclude those which indicate rac orientation, or political affiliation	or civic activities and offices held. ce, color, religion, sex, national origin, ag or belief).	ge, handicap, marital status, sexual
your job to your maximum capabi	tions which would assure better job place ility? Yes	☐ No
If wer please explain	plying? Yes	No

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, age, handicap, marital status, sexual orientation, or political affiliation or belief. You may attach a resume to supplement, the information requested below. Failure to provide all of the requested information may, however, result in the disqualification of your application. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates E From	Employed To	Work Performed
Address			
Job Title	Hourly Annua Starting	Rate or alSalary Final	
Supervisor Phone		-	
Reason for leaving			
Employer	Dates E From	Employed To	Work Performed
Address			
Job Title	Hourly Annua Starting	Rate or lSalary Final	
Supervisor Phone			
Reason for leaving			
Employer	Dates E From	imployed To	Work Performed
Address			
Job Title	Hourly Rate or AnnualSalary Starting Final		
Supervisor Phone			
Reason for leaving		-	
Employer	Dates E From	mployed To	Work Performed
Address			
Job Title	Hourly Annua Starting	Rate or alSalary Final	
Supervisor Phone			
Reason for leaving			

Education

	Elementary School	High School	College/University Trade or Vocational School	Graduate/ Professional
School name				
Grade Completed (Circle highest level completed)	4 5 6 7 8	9 10 11 12	1 2 3 4	
Diploma/Degree				
Describe course of study				
Describe specialized training, apprenticeship, skills and/or extra- curricular activities				
Honors received:				
			······································	
State any additional inf ful to us in considering	· · · · · · · · · · · · · · · · · · ·	pecial skills and qualif	ications acquired, that	you feel may be help-
as may be necessary to make an er for Lexington-Fayette, Bourbon, I consider my application for emplo	nployment decision. I further aut Iarrison and Nicholas Counties w yment. I understand that this appl	horize my former employers, and ith information regarding my perf lication is not and is not intended t	other references listed herein, to f formance, work habits and such oth to be a contract of employment. In	in this application for employment umish Community Action Council ner information as it may require to event of employment, I understand abide by all policies and procedures
(Signature of Ap	plicant)	(Name-Type o	or Print)	(Date)

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, religion, sex, age, color, national origin, handicap, marital status, sexual orientation, or political affiliation or belief.

The information requested on this page is used for statistical purposes and to permit our equal opportunity staff to monitor the recruitment and hiring process.

Upon receipt of your application, this page will be detached and referred to our equal opportunity staff which will use it for monitoring and data collection purposes only.

The information contained on this page will not be made available to the employee or employees with administrative responsibilities for any position for which you may be considered.

PLEASE PRINT			
Date:			
Position(s) applie	ed for:		
Referral Source:	Advertisement	Friend Relative	
	Walk-in	Employment Agency Other	
Name:		Phone: ()	
Address:			
Affirmative Action Survey This data is for analysis and affirmative action purposes only. Submission of information about a disability is voluntary.			
Date of birth:			
Check one: Check one of the following Race/Ethnic Group:		Male Female	
		White Black Hispanic Other	
		(Please specify.) American Indian/Alaskan Native Asian/Pacific Islander	
Check if application	able:	Disabled Individual	