



# Community Action of Southern Kentucky, Inc.

## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Print in ink or type. Answer each item completely and accurately. Incomplete answers may cause delays. False answers will remove your application from consideration.

### 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 Community Action of Southern Kentucky, Inc. ?  Yes  No If yes, please indicate years and program: \_\_\_\_\_

Do you have relatives working for Community Action of Southern Kentucky?  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

### PERSONAL

Last Name	First	Middle	Date / /
Street Address			Home Telephone ( )
City, State, Zip			Cell Telephone ( )
Your E-mail Address			
Other name(s) under which you have been employed			

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	#ofYrs. Attended	Did you Graduate	Degree or Diploma
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School or GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### TRAINING

Special knowledge or skills (languages, machine operation, etc.)
Specialized Training, Apprenticeship, and Extra-Curricular Activities:
Honors or Special Recognition:
Certifications or Licenses relevant to position applied for:

### MEMBERSHIPS

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

### EMPLOYMENT

COMPANY NAME (1)	MAY WE CONTACT: YES NO	Telephone (    )	
Address		Employed (State month and year) From                      To	
Name of Supervisor	Supervisors Telephone (    )	Reason for Leaving	
State Job Title and Describe Your Work		Rate of Pay	# of People Supervised

COMPANY NAME (1)	MAY WE CONTACT: YES NO	Telephone (    )	
Address		Employed (State month and year) From                      To	
Name of Supervisor	Supervisors Telephone (    )	Reason for Leaving	
State Job Title and Describe Your Work		Rate of Pay	# of People Supervised

COMPANY NAME (1)	MAY WE CONTACT: YES NO	Telephone (    )	
Address		Employed (State month and year) From                      To	
Name of Supervisor	Supervisors Telephone (    )	Reason for Leaving	
State Job Title and Describe Your Work		Rate of Pay	# of People Supervised

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

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**OTHER INFORMATION**

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Have you ever filed an application with us before?  Yes  No If yes, Month and Year \_\_\_\_\_  
Location \_\_\_\_\_ Are you currently employed?  Yes  No  
Can you travel to the extent the job requires it?  Yes  No Can you perform the essential functions of the job for 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.)

Have you ever been convicted of a crime in any state (including felonies, misdemeanors, child or sexual abuse, 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.) \_\_\_\_\_

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

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**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 90 days. If I wish to be considered for employment after this 90-day period, I understand that a new application must be completed.

I understand I will be asked for information that will allow Community Action of Southern Kentucky, Inc. to comply with immigration and naturalization requirements.

I understand that by submitting this application, I am granting Community Action of Southern Kentucky, Inc. permission to investigate any of the information included in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, organizations, 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 understand that absent a written, signed contract my employment will remain at will, regardless of promotion, demotion or change of position.

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 understand and agree that should I secure employment with Community Action, I will return to any current or past employer, all confidential and proprietary information that is appropriately theirs. Further, I agree to not bring with me, share, or utilize any confidential or proprietary information for use at Community Action.

I understand that Community Action of Southern Kentucky, Inc. is required, due to the competitive nature of its business and various contractual agreements with certain clients and vendors, to give notice to all employees of the confidential nature of its processes, computer programs, systems and related information which I may become knowledgeable of or may have access to in the course of my employment, and understand that any violation of such confidences may result in termination of my employment.

I understand that as part of my application for employment in a position defined as safety-sensitive, I must have a pre-employment drug screen, and I understand that any offer of employment will be contingent upon a negative test result.

I have read and understand the foregoing nine (9) paragraphs and have voluntarily agreed to them.

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Date

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Signature of Applicant

REFERENCES

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

Name	Address	E-mail Address	Telephone
1.			
2.			
3.			

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FOR AGENCY USE ONLY:

Arrange 1st Interview    \_\_\_Yes    \_\_\_No    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks \_\_\_\_\_

Position(s) Interviewed for \_\_\_\_\_

Interviewer \_\_\_\_\_ Interviewer \_\_\_\_\_

Interviewer \_\_\_\_\_ Interviewer \_\_\_\_\_

Arrange 2nd Interview    \_\_\_Yes    \_\_\_No    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks \_\_\_\_\_

Position(s) Interviewed for \_\_\_\_\_

Interviewer \_\_\_\_\_ Interviewer \_\_\_\_\_

Interviewer \_\_\_\_\_ Interviewer \_\_\_\_\_

Community Action of Southern Kentucky, Inc.  
 Attn: Human Resources  
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 PO Box 90014  
 Bowling Green, KY 42102-9014  
 270-782-3162

Website:  
<http://www.casoky.org>