

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

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

TITLE
CLOSING DATE
E-mail Address if available

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

1. Mr. Ms. Last Name First Name Middle Name Other Name (If Any)

2. Address Street, R.F.D. or Box No. City State Zip Code County

3. Are you at least 18 years old? Yes No Are you 21 or older? Yes No
4. Are you a U. S. citizen? Yes No 5. Are you a legal permanent resident? Yes No
6. Currently employed by LCCAA? Yes No Previous employee of LCCAA? List dates

Do you have any friends, relatives or acquaintances working for LCCAA or related to a Board of Director or Head Start Policy Council member? If yes, who and what is relationship

\*Immediate family members of LCCAA Board of Directors, Head Start Policy Council and employees are not eligible for employment

7. Yes No Do you have a valid driver's license if required by the position for which you are applying? License #
8. 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?
9. Yes No Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason
10. 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.

11. Date available for work 12. Type of Work Full-Time Part-Time Temp Other
13. 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

14. 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

Table with 6 columns: School, Name and Address of School, Date of Graduation Month/Year, Number of Hours (Earned, Now Carrying), Fields of Study (Major, Minor), Degree, Diploma, or Certificate Earned. Rows include High School, Under Graduate College or University, Graduate College or University, Vocational, Business, Technical, and Apprenticeship.

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



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

D.                      Mo    Day    Yr.                      Mo .    Day    Yr.  
 Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Title of Position \_\_\_\_\_ Gr. \_\_\_\_\_  
    Starting Salary \_\_\_\_\_  
 Average hours worked per week \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Name & title of your supervisor \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
    **From**                      **To**                      Number  
    Mo.    Yr.                      Mo.    Yr.                      Supervised  
 I was a supervisor \_\_\_\_\_

Job duties:  
 D \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_

E.                      Mo    Day    Yr.                      Mo .    Day    Yr.  
 Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Title of Position \_\_\_\_\_ Gr. \_\_\_\_\_  
    Starting Salary \_\_\_\_\_  
 Average hours worked per week \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Name & title of your supervisor \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_  
    **From**                      **To**                      Number  
    Mo.    Yr.                      Mo.    Yr.                      Supervised  
 I was a supervisor \_\_\_\_\_

Job duties:  
 D \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_

F.                      Mo    Day    Yr.                      Mo .    Day    Yr.  
 Employed From \_\_\_\_\_ To \_\_\_\_\_  
 Title of Position \_\_\_\_\_ Gr. \_\_\_\_\_  
    Starting Salary \_\_\_\_\_  
 Average hours worked per week \_\_\_\_\_ Last Salary \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
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 I was a supervisor \_\_\_\_\_  
**NOTE: Additional employment history sheets available upon request**

Job duties:  
 D \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 7. \_\_\_\_\_  
 8. \_\_\_\_\_

**16. LICENSES/CERTIFICATIONS OR LANGUAGE PROFICIENCY:** If a license/certificate is required for a position you must provide a copy or verification  
 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. \_\_\_\_\_

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

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

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

NAME	ADDRESS	PHONE NUMBER

19. Are you a member of the Armed Services or a veteran? Yes  No

If yes:                      What branch \_\_\_\_\_  
                                     Final rank \_\_\_\_\_  
                                     How many years \_\_\_\_\_

20. Do you have reliable transportation?                      Yes  No

**COMPLETION OF SECTION 18 IS VOLUNTARY**

21. 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 <input type="checkbox"/>	Female <input type="checkbox"/>	<input type="checkbox"/> 0. - White	<input type="checkbox"/> 2. - Hispanic	<input type="checkbox"/> 4. - American Indian or Alaskan Native
		<input type="checkbox"/> 1. - Black	<input type="checkbox"/> 3. - Asian/Pacific Islander	<input type="checkbox"/> 5. - Other

**- IMPORTANT - THIS SECTION MUST BE COMPLETED -**

22. **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.

<p>G.                      Mo    Day    Yr.                      Mo .    Day    Yr.</p> <p>Employed From _____ To _____</p> <p>Title of Position _____ Gr. _____</p> <p style="text-align: center;">Starting Salary _____</p> <p>Average hours worked per week _____ Last Salary _____</p> <p>Reason for leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>_____</p> <p>Type of Business _____</p> <p>Name &amp; title of your supervisor _____</p> <p>_____ Phone: _____</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><b>From</b></td> <td style="text-align: center;"><b>To</b></td> <td style="text-align: center;">Number</td> </tr> <tr> <td style="text-align: center;">Mo.    Yr.</td> <td style="text-align: center;">Mo.    Yr.</td> <td style="text-align: center;">Supervised</td> </tr> </table> <p><b>I was a supervisor</b> _____</p>	<b>From</b>	<b>To</b>	Number	Mo.    Yr.	Mo.    Yr.	Supervised	<p>Job duties:</p> <p>D _____</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> <p>_____</p> <p>_____</p> <p>_____</p>
<b>From</b>	<b>To</b>	Number					
Mo.    Yr.	Mo.    Yr.	Supervised					

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Mo.    Yr.	Mo.    Yr.	Supervised					
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