



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of LKLP CAC, Inc., and will not be returned.

(NOTE: A separate application must be completed for each position for which you are applying.)

Title	Department	Vacancy #
--------------	-------------------	------------------

PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Social Security Number	
Address (Street, City, State, Zip Code)			
Home Phone Number ()	Work Phone Number ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an LKLP employee in layoff status <input type="checkbox"/> Yes <input type="checkbox"/> No
Age <input type="checkbox"/> Less than 14 <input type="checkbox"/> 14 - 17 <input type="checkbox"/> 18 or over		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No List Name(s):	
Are you now or have you been employed by LKLP Community Action Council? <input type="checkbox"/> Yes <input type="checkbox"/> No List dates, locations, and department(s):			
Are you related to anyone currently employed by LKLP Community Action Council OR now serving on the Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> NO List Name and relationship:			
How did you find out about this job opening? <input type="checkbox"/> Web Site <input type="checkbox"/> Human Resource Office <input type="checkbox"/> LKLP Employee <input type="checkbox"/> Newspaper (Identify) _____ <input type="checkbox"/> Other (Please specify) _____			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			
Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests and convictions which have been sealed or expunged in answering this question).			

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED it obtained.

Name & Location of School	# of yrs. Complete	Graduated		Degree & Major
College		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes	If no, approx. number of credit hours completed	

OFFICE/COMPUTER SKILLS

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Presentation Software	<input type="checkbox"/> Transcription	<input type="checkbox"/> Apple/Mac
<input type="checkbox"/> Database	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Ten key by touch
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> PC/IBM	<input type="checkbox"/> Switchboard

SKILLS/CERTIFICATIONS/PROGRAMMING LANGUAGES: List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional license, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or software.

EMPLOYMENT HISTORY

List all employment, including military and volunteer service, *starting with the most current position held*. Show employment history for at least **10 years** or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ Final: \$ _____		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason for Leaving:
Duties:			

REFERENCES

Please list three references we may contact that can provide information based on your personal character. Please do not list any relatives or employers.

NAME	ADDRESS	TELEPHONE NUMBER

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Directors affecting my employment shall constitute a part of my appointment or employment. I further understand that LKLP Community Action Council has the right to review my education, previous employment, driving, and criminal records and other background data.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

LKLP is an equal opportunity employer. LKLP does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law. Any person having inquiries concerning the Agency's compliance with these regulations is directed to contact the LKLP Equal Opportunity Officer or the LKLP Executive Director. Inquiries should be directed to:
LKLP Equal Opportunity Officer, 398 Roy Campbell Drive, Hazard, KY 41701 or via telephone at 606-436-8853.



LKLP
Community
Action

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires LKLP CAC, Inc. to determine this information by visual survey and/or other available information.

NAME: _____ JOB TITLE: _____

GENDER: (Please check one of the options below)

Male Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person with origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person with origins in any black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person with origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person with origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native American or Alaska Native (Not Hispanic or Latino): A person with origins in any of the original peoples of North and South America and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): A person who identifies with more than one of the above races.

I do not wish to disclose.

SIGNATURE: _____ DATE: _____